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**Department of English**

**Investigating Speech Therapy of Language Delay Among Children.  
The Case of 3 to 5 Years Old in the Hospital of Mental Diseases and  
Al-Amal Association of Autism and Trisomy. Tiaret**

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of the Requirements for the Degree of Master in Linguistics

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## *Dedication*

*I dedicate this work for my dearest parents who have given me an endless love, care and precious senses of supplication. I love you sincerely...I know you are proud of me.*

*For all my family members... for my brothers Abdou and Mohamed... my sister Sabah and my cousins.*

*My sweet and lovely friends. Thanks for appreciating friendship perfectly... To my darling colleague... and for all who helped me to achieve my work.*

*YOUNA*



## *Dedication*

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*To my aunt Khadra, my dear brothers Mohamed, Kamal, sister Nassima, within all my family and my sweetest companion Khaldia, along with*

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## **Abstract**

Language delay is the most common developmental problems in which child's cognitive, social and linguistic milestones are imperiled and exhibited with an abnormal deviation. Children with language delay need special care, affection and attention from their surroundings, in addition to a specific treatment undertaking by speech-language therapists. As its efficacy and the duration varies from one person to another. The current study has a major goal is to investigate speech-language therapy of language delay in children. An interview was conducted for the speech-language therapist's, while a questionnaire was designed for parents. The sample of fifty parents and two speech therapists was selected from the Hospital of Mental Diseases and Al-Amal Association of children with autism and trisomy in Tiaret. The findings show that the therapists rely on language intervention strategies in treating children with language delay. Furthermore, the results indicate that most parents are not aware of the necessity of the early intervention and diagnosis for the speech-language therapy treatment. Moreover, the results reveal that language delay can be treated permanently.

**Key words:** autism, language delay, speech-language therapists, treatment, early diagnosis.

## **List of Acronyms and Initialisms**

ASHA: American Speech-language and Hearing Association.

JHSB: Journal of Health and Social Behavior.

WHO: World Health Organization.

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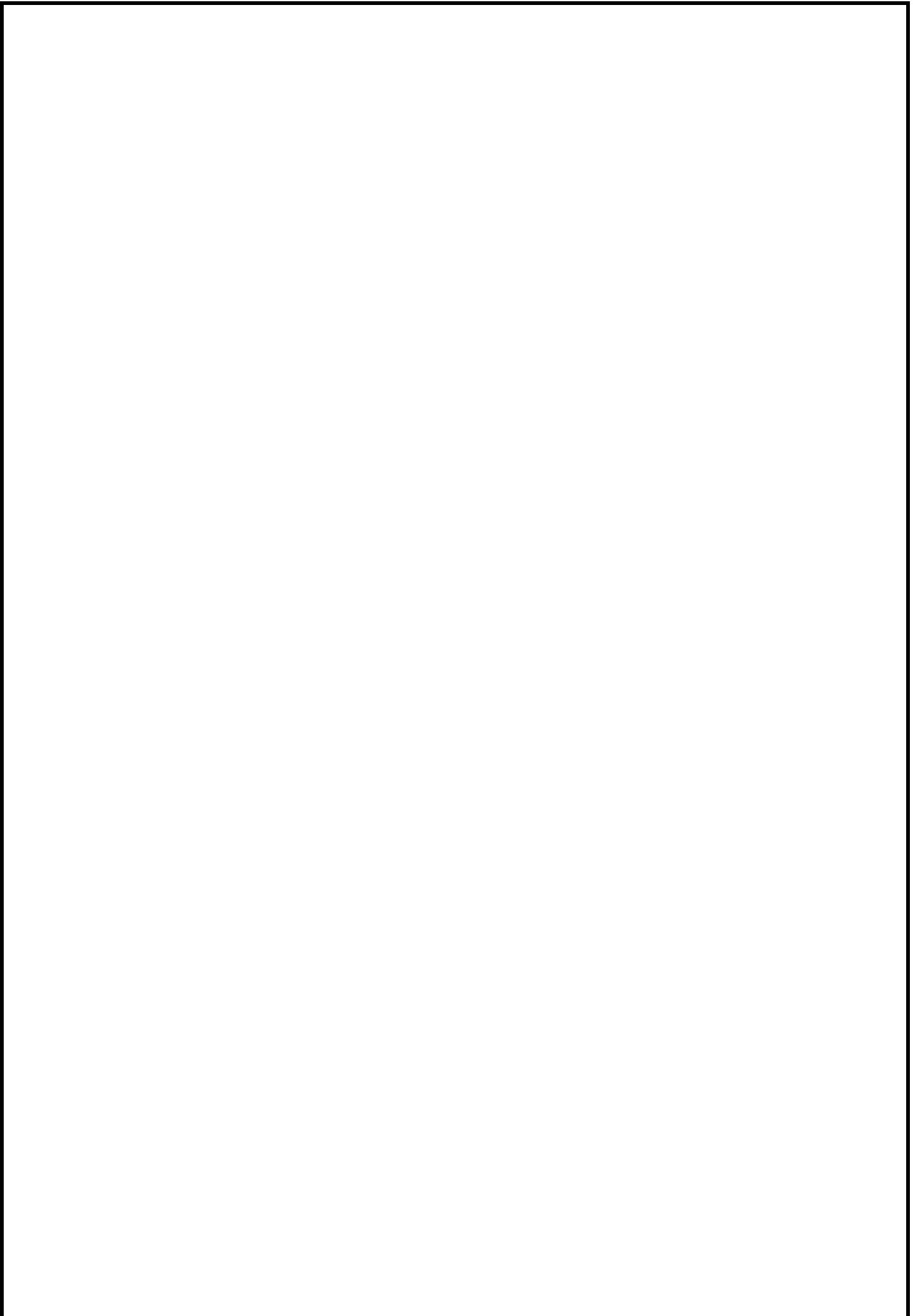
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## **General Introduction**

Language serves as the primary building block for human communication process that involves the exchange of attitudes, input (instructions), and output (actions). The fundamental idea of how meanings can be transferred and deciphered is communication. The reception and production of speech and language in the brain are both governed by numerous complex mechanisms. Normal children systematically follow the linguistic, social, and cognitive developmental milestones. According to Chomsky's theory of Universal Grammar, just a small number of utterances are acquired by all typical children, and they all go through the same developmental language stages. Additionally, language acquisition is entirely carried out by innate biological abilities. Cognitive development necessary for conceptualizing language signs, along with guidance, parental support and context-based interaction. In contrast, children who have language delays or disorders might show clear deviations from typical development milestones and irregularities in language learning.

In this regard, Language delay refers to a frequent developmental challenge during the early stages of childhood in which a child encounters obstacles of receiving and producing language correctly, as well as misunderstanding regular language behaviour. Interestingly, atypical cognitive, social, and behavioral symptoms can arise, indicating that the toddler is more likely to be irritated and anxious when others are unable to respond to most of their wants and requests because they cannot properly understand what he/she is attempting to say. As a result, parents may be able to look for that issue for speech-language therapy intervention. More importantly, the causes of language delay are still being debated; however the most well-known ones can be inherited, for example causes can be genetic (family history of language impairments), neurological (brain trauma and injury), or environmental risk factors (emotional deprivation, parental neglect and absenteeism, divorce, less linguistic communication environment). Aside from, parental awareness and early intervention in language delay is essential to serve the child as well as those who plan and provide speech-language therapy programs by providing a better upholding.

The current research is motivated by the high rate of children who suffer from language delay problems, whereby someone finds it difficult to communicate and therefore creating boundaries with other people, this is considered abnormal behavior because

people are eager to be socialized. As a result, we wish to contribute and assist individuals who suffer from language delay. Moreover, a number of recommendations are set in order to make them understand and produce language properly as their peers.

The study seems significant since it strives. First, to examine speech-language therapists strategies used in therapy sessions in two centers and the obstacles that therapists face in dealing with linguistically delayed children. The second aim is to find out the existent problems of language delay and the causes or the risk factors underlying it as well as the characteristics of children with language delay. The third aim is to suggest appropriate ways that may contribute the raise of parents' awareness and early speech therapy diagnosis and treatment.

The present study tries to answer the following research questions:

- Can children's language delay be fixed?
- How do speech-language therapists treat children with language delay?

To answer the previous research questions, the following hypotheses are formulated:

- Children' Language delay is a problem, which can be permanently fixed.
- Speech-language therapists use language intervention strategies in treating children with language delay.

To achieve the aforementioned research aims, two research instruments are selected notably; the speech-language therapist's interview and parent' questionnaire. On the one hand, the interview includes three parts which contain enquiries about general information about patients, then several details about dealing with children and finally the treatment of language delay. On the other hand, the parent's questionnaire includes background information about child's language development, the characteristics of linguistically delayed children as well as child's receptive and expressive language features.

The current research is composed of three chapters. The first chapter is entitled language acquisition and language problems; it is made up of different key concepts of related literature. It provides definition (s) of language, which consists of receptive and expressive, also a definition of the process of language acquisition its stages, additionally, to some known theories concerning child language acquisition. It also, provides definition(s) of language delay and disorder, their types, as well as providing the most

famous characteristics of children with language impairment. The second chapter, entitled research methodology and data analysis, composes of description of the instruments that describe the sample as well as analyze the findings from the target groups. research tools employed are speech therapist interview and parent questionnaire are designed to include a detailed description and analysis of the aforementioned target groups' questions and responses, as well as why and how data are chosen, followed by data analysis to determine whether the obtained findings confirm or reject the aforementioned hypotheses. The final chapter, discussions and recommendations, aims to give a discussion of the findings, as well as a collection of recommendation and tips for parents regarding language delay problem, therapy, and the necessity of early intervention. The chapter concludes with a discussion of the study's limitations.



***Chapter One***  
***Literature Review***  
***about Language***  
***Acquisition &***  
***Language Problems***

**Chapter One Language Acquisition & Language Problems****I.1. Introduction**

This chapter provides a theoretical framework that can allow insight into the nature of key concepts. It highlights the concepts underlying the entire research and the problematic issue explored through this dissertation. Brief overview of definitions, theories, types of language. In addition to a full description of the child's acquisition of language and stages of development. Most importantly, we will define the term language delay and disorders of all kinds, their signs and characteristics for children going through such adversities, as well as the field of study of speech-language pathology. After a while, we will look at the possible common causes of children going through such adversities. The scope of this thesis is to explore a review of the literature by different authors and scholars trying to report on the main reasons by which speech and language impairments can be diagnosed in children. As well as the duties of speech-language pathologists and the strategies used by them in order to help the children with language delay and disorders.

**I.2. Definition of Language**

The Oxford dictionary of psychology defines language as a system of conversation for communicating with others using sounds and in some, not necessarily cases written symbols. (The oxford dictionary of psychology). Language is a fundamental tool for human communication that allows us to convey our ideas, feelings, wants, attitudes, and beliefs. Moreover, a language is a symbolic medium that can be based on body language and gestures (signs), printed symbols like words (written) or vocal utterances (spoken).

Furthermore, Language is the means by which people express themselves verbally and exchange information, ideas, feelings, and beliefs (Feldman, 2005, p. 131). Apart from language, an input's representation is preserved (Receptive skill is the ability to understand

what others are saying.) and a retrieval or expression intake of language (A useful ability to develop one's own unique style of expressing one's own messages.). Language is used by people to influence each other's brains not merely to express their emotional states or territorial claims (Corballis, 2002, p.3). In light of this, language is the systematic substance built from a unit of components (sounds, morphemes, sentences, etc.). It is also an investigation into the relationship between how people understand the appropriate use of a structure in a social setting. Both receptive language (understanding others' words) and expressive language (creating one's own messages in a useful way) are ways that language allows for the exchange of ideas.

### **I.2.1. Language Comprehension**

Since language processes are a part of the study of psycholinguistics, it is referred to as an umbrella word. Language comprehension can be a difficult process in which a big and diverse variety of information must be provided as an input or knowledge store. This system incorporates lexical, contextual, and grammatical expectations in addition to a serial, speed procedure that aids in the interpretation of quickly occurring sentence meaning. The issue is how to clarify grammatical structures that could be momentarily unclear and implicit.

However, lexical representation in the way of the listener maps the vocal signal among the various pieces of information that must be identified to determine the quality of a song. The latter has an impact on how the language is perceived and interpreted. It is interesting to note that understanding is influenced by meaning, context, and our synthesis of linguistic knowledge based on input from our linguistic environment. Wernicke's area, a region of the cerebral hemisphere that controls language meaning and understanding, regulates the cognitive capacity for language perception and comprehension.

**I.2.2. Language Production**

In particular, when language comprehension is discussed, the listener tries to determine how to interpret the acoustic stimuli and signals correctly. Consequently, as a result, mental processes can chart the path to language comprehension. An important psychological feature of retrieving or producing language is conceptualization, or the internal mapping of levels of structural meaning. Clearly, language is very important in translating these ideas into spoken or written words. In general, language comprehension appears to be the foundation from which language creation emerges.

**I.3. Language Acquisition**

*“Language acquisition is a process which starts 3 months before birth.”* (Elman et al. 1996; Karameloff Smith 2001) and gradually leads to the child’s mastery of his/her native language/s, at around adolescence. According to Crystal (1985), *“language acquisition refers to the learning of a linguistic rules”* (p5) in here what is meant by linguistic rules are; grammar, semantics or phonology, syntactic and pragmatics. *“Language acquisition does not take place in a vacuum. As children acquire language, they acquire a sign system which bears important relationships to both cognitive and social aspects of their life.”*(F Letcher & Garman). Among the things that puzzled scientists and thinkers in various scientific fields is the mechanism of the child acquisition of the process of articulation and speech. Therefore, the efforts of many of them focused on studying the stages of child development especially the linguistic aspect of it, and its relationship to various other aspects, in order to identify the manifestations of this growth and the factors affecting it, with the aim of determining and controlling the level of natural linguistic development. The process of discovering the sequence of language acquisition in

the child in the various stages of his development. In this regard, six stages are necessary for the child to go through.

### **I.3.1. Stages of Language Acquisition**

Studies of linguistic development have revealed that children pass through a series of recognizable stages as they master their native language. Although the age at which children will pass through a given stage can vary significantly from child to child, the particular sequence of stages seems to be the same for all children acquiring a given language. (Akmajian, 1995, p 456)

#### **I.3.1.1. The Prelinguistic Stage (From birth to 6 months)**

Noises in this stage include crying, whimpering, and cooing, it extends during the first months after birth; so it is the nervous system and the speech organs perceptual systems are programmed to acquired language but are unable due to the lack of language, their maturity, and this stage is dominated by crying and when he feels in pain or hunger. These sounds are not considered language because they are involuntary responses to stimuli. This stage occurs before the child produces language. It is, therefore, the prelinguistic stage. One development in the ability to produce sounds seems to occur in this stage. At about two months, infants seem to be able to coo voluntarily, whereas previously they were only able to make sounds involuntarily. In this stage the vocal tract is in progressed such as; crying, cooing, sounds, nasal murmurs, recognition of voices.

#### **I.3.1.2. The Babbling Stage (from 6 months to 1 year)**

Essentially, all children use the same sounds when they babble, no matter what language is around them. *“The consonants that occur with substantial frequency in the babbling of infants, regardless of language environment”* (Locke, 1983) are; /b/, /d/, /g/,

00/p/, /t/, /k/, /m/, /n/, /w/, /j/, /h/. Vowels in babbled syllables tend to be low front: /æ/ or central /a/. Babbling stage include two types; firstly, receptive babbling, which is the same syllable in each successive cycle. Such as; mum, pupu (poopoo), dudu (doodoo). Secondly variegated babbling which in the variation in syllables in successive cycles. Ingram 1989 indicate that “*babbling occurs because the child is innately disposed or programmed to babble*” (p39).

### **I.3.1.3. First Word Stage (from 1 year to 18 months or 2 years).**

The first word stage also referred to as the holophrastic stage that comes from the holophrase described as one word amount one sentence. In order for us to understand the child’s sentence, it is necessary to define and know the context in which it is used, speech occurs in it, and its vocabulary is linked to its basic needs, as it uses it to denote objects such as nouns, adjectives, verbs, and motions, and its outcome amounts to about 50 words and can always partially understand the meaning of some vocabulary depending on the context speech in addition to the sings and movements accompanying speech.

### **I.3.1.4. The Two Word Stage (from 18 to 24 months)**

It extends from the end of the eighteen month until the end of the second year of life. More complex than the previous stage as Brin sees that the child in syntax resorts to two rules, the first is to specify the pivotal word at the beginning of the sentence, and then the open word /hali:bbah/ (the milk is finished). So in this stage, the child is using a series of speaking one word with a tone as if there are two words, in here it means the following example /mama mai / the child requests his/her mother to get him/her some water.

**I.3.1.5. The Telegraphic Stage (from 2 to 2 and ½ years)**

In this stage, a child's utterances will gradually get longer than the previous stages. According to Rachel Rudman, Felicity Titjen "*at this stage the sentences make sense but are not grammatically complete*" (p9). By mean, the child frame a sentence with a sense but ungrammatically complete.

In this stage, language is considered as telegram there is the example of the telegraphic system such as; when a child says /mama rah ladar/ ( mum went to home) , children in this age use the important words in the sentence. To illustrate then for example instead of saying (can I please have a cookie) s/he says (give me cookie). The child's vocabulary in this stage expands from fifty to more than thirteen thousand words. The child begins firstly by speaking vowels /oo/ and /aa/, and then the consonants, which is the easy to pronounce including the consonants /p/, /b/, / m/, /t/, /d/, /n/, /k/ and /g/. S/he starts first using these consonants because they are uncomplicated to pronounce than some others such as /s/ and /z/, which is difficult for children of that age to pronounce them because they require specific tongue placement.

**I.3.1.6. Multi-Word Stage (from 24 to 30 months and beyond)**

After the telegraphic stage there is the multi-word stage, in here children will communicate within complex sentences to express their emotions and needs. This stage including early multi-word stage (from 24 to 30 months), and later multi-word stage (from 30 months and beyond).

**I.3.2. Language Acquisition Theories**

Historically, the development of novel linguistic abilities has been seen as human's progress through a variety of linguistic stages. From infancy through childhood and youth,

these abilities develop. Silverman, Frieenberg (2006) states that language is a highly developed skill. Some pieces of evidence include the fact that some aspects of language are universal, the linguistics of language, and the developmental phases of language that all infants go through, and the existence of specific brain regions devoted to processing language.

Several theories have emerged and been published to examine the language acquisition tool. To promote the progress of that sophisticated process, the significant and key schools, namely nativist, interactionist, and cognitivist theory.

### **I.3.2.1. The Nativist Theory**

The oxford dictionary of psychology has defined it as a speculative device that is based on generative grammar.

According to nativist theory, which was posted about how youngsters conceptualize language, language is innate and biologically programmed into our selves. In Chomsky's view, language is a collection of many words, and children are given the opportunity to use their intrinsic, limitless wordsmithing talent. (Chomsky, 1981, p7). Furthermore, Chomsky, 1977 states that all children have the same natural qualities and internal limitations that define how the grammar is going to be constructed narrowly (p.8), when he observed that all kids around the world pick up language in the same way and with the same requests. Hence, the fact that grammar is universal implies that all children are homogenous or generative.

Additionally, Pincker (1994) Supports Chomsky's theory that cultural and social viewpoints have been formed while taking into account the biological function of language (p26). Thus, the revelation of complex language's universality has amazed linguists and led



them to believe that language is not merely a cultural construct but rather the result of a unique human instinct.

Clearly, the development of the language involves both the learning of rules and the imitation of family members' speech, as well as the unconscious and informal repetition of the same procedures by all children. For Silverman and Friedenberg (2006) all babies go through the same developmental language stages in the same order; though all children possibly acquire language rules faster than they can potentially learn them through formal education. (p.256)

### **I.3.2.2. The Interactionist Theory**

On the other hand, and in opposition to the nativist theory that was previously mentioned, another theory has evolved to demonstrate that children cannot independently acquire the language without the contact of children with family members and other environmental factors. Whereby the language support system helps children develop their language.

Two facts are available regarding language acquisition. Firstly, it is ubiquitous with regard to the human species. Secondly, there is a wide range in the contextual factors that allow infants to develop language (Grain and Marten, 1997, p. 7). The interactionist theory upholds the relationship between children and their parents and classmates, which makes their environment supportive, fortified for them, and helps them improve their language development. We engage frequently with friends, family, coworkers, and other people because we live in a social environment. From a cognitive perspective, a social environment is one in which different minds interact and share knowledge (Silverman and Friedenberg, 2006, p.446).

Overall, the social constructivist method of an assisted performance by more experienced guides and cares of input and conversation skills merges with the notion of "nurture" in the interactionist theory. However, "nature"(the biological propensity or natural ability) contributes significantly to how infants acquire their linguistic skills. Speech and vocabulary are understandably constrained by cultural context.

### **I.3.2.3. The Cognitivist Theory**

By considering that the language as the mirror of the mind and it influences thoughts, whereby children understand the objects exist. To further demonstrate how thought influences language; consider the relationship that exists between language acquisition and cognitive growth. Twelve months of perceptual and intellectual growth enable the child to absorb what they are beginning to say as they begin to speak (Clarck, 2009, p.7).

According to Clarck (2009), children need to develop their mental, perceptual, and conceptual capacity, before they are shaped or used in a linguistic system. The cognitive view aims to establish the notion that children's representation of the concrete situation as an input or receptive skill will push them to be more linguistically and cognitively advanced during the language acquisition stage (the capacity to guess the world). It's important to note that children may benefit from language tasks due to their socio-psychological and cognitive tasks.

In conclusion, we need to go more into the various ways that kids pick up language. This strategy could be applied to theories relating to nature, nurture, or mental development that have not yet fully acknowledged their interconnectedness. Hence, without the biologically innate ability, the intellectual growth and maturity, and the input of sociocultural cooperation, there would be no language.

**I.4. Language Disorders**

Scientists have differed in naming the linguistic problems that some children may suffer from. They have been described in the past as defects in speech, and then recently they have been called by various names including language deficit or deficiencies, language disability, language impairment and language delay. However, the name that seems to be the appropriate name is language disorders for these reasons:

1/ The human language is a living organism, so it may suffer from a disorder or a defect, like the rest of the body's organs. This disorder may be physiologic or developmental.

2/ The American law about people with special needs has moved away from describing language disorders or naming them as disability or language deficit, because it considers that people with disabilities are human beings who have their human, psychological, and social value, and have their human rights .thus it is totally wrong to call them people with disabilities, but rather it is better to call them people with language disorders, to avoid describing them as incapacitated or handicapped, and to focus on treating them and rid them of these language problems, which may create a bad impact on the future of their lives.

Despite the differences in the naming of language problems, they remain the same problem in which there is no point in differing, but it is a problem that needs to be solved. However, the proposal to call them language disorders, for the aforementioned reasons, seems to be a convincing suggestion, since the name is sufficiently expressive in a way that is not offensive or harmful to people with special needs, as it is inappropriate to describe them as linguistically disabled or incapacitated, but rather to call them people with language disorders.

**I.4.1. Definition Language Disorder**

According to John Field, a disorder in psycholinguistics is a deviation from the typical course of speech and comprehension that is brought on by mental or practical causes. Disorder includes issues with language or speech reception and production that are physiological in nature. (2002).

The American Speech-language and Hearing Association (ASHA) has defined language disorders as:

*A Language disorder is impaired comprehension and/or use of spoken, written and/or other symbol systems. This disorder may involve (1) the form of language (phonology, morphology, and syntax), (2) the content of language (semantics), and/or (3) the function of language in communication (pragmatics) in any combination. (Ad Hoc Committee on Service Delivery in the Schools, 1993, p. 40)*

Language disorders or language impairments in children are manifested in their disturbed language behaviors, due to a deficiency in the language processing function that may appear in the form of different patterns of performance and are shaped by the surrounding conditions in the place in which they appear. Linguistic disorders are a type of disorder that prevents some children from choosing words in order to form clear sentences. These disorders can also affect the child's ability to understand what others are saying. In other advanced cases of these disorders, the child may have difficulty producing and understanding speech. He is likely to use elementary and simple vocabulary to form short and non-grammatical sentences. In addition, at the time when his peers are having a dialogue and exchanging jokes, the child may have difficulty following the conversation and understanding the joke. At the same time while his peers are having a conversation and

exchanging jokes, he may have difficulty following the conversation and understanding the joke.

According to Tamblin (2008) Language disorders appear when the child's level of language achievement is unacceptable, which leads to undesirable results. When comparing a child with his peers in terms of language development, varying reasonable and unreasonable differences appear (p95). The reasonable ones are closer to being normal. On the contrary, the unreasonable ones distinguish its owner from others to the extent that he seems to be disabled person in terms of language comprehension or expression.

Here, a distinction must be made between the language disorders and the linguistic problems that are because of problems in hearing or speaking and producing sounds. As children who suffer from language disorders do not necessarily face problems in hearing or pronouncing words. Nevertheless, the majority of children who have hearing or pronunciation problems (deaf-mute children) have a divergence in language. The biggest challenge for them is using language correctly, understanding what have been said for them, and being able to respond in a coherent manner.

#### **I.4.2. Classification of Language Disorders**

Language disorders are classified according to multiple criteria. The American Speech-Language, and Hearing Association presented a classification system that includes five linguistic types: phonological and phonetic, morphological, grammatical, semantic or pragmatic. (Ad Hoc Committee on Service Delivery in the Schools, 1993, p. 40)

Linguists classify this impairment differently. According to John Field in his book entitled psycholinguistics key concepts language disorders are categorized as follows:

**I.4.2.1. Acquired vs Developmental**

An acquired language disorder is an impairment that appears after a first language has become fully established. A developmental disorder is a disability that shows itself while a child is acquiring his first language. The term also refers to situations of delayed language acquisition known as specific language impairment (SLI), as well as the impact on language of learning impairments linked to autism, Down's syndrome, or Williams's syndrome. In essence, a developmental disorder may affect the typical process of language learning or the processes in which a child acquires language may be delayed and it could deviate from its normal course. (ibid)

**I.4.2.2. Organic vs Functional**

Besides the other classification, there is an organic versus functional classification for language disorders. There are neurological or physiological clear reasons for the organic disorder. On the other hand, the psychological processing problems are presented in the functional one. (ibid)

**I.4.2.3. Receptive vs Productive**

An inability to use language input or to grasp spoken language that you hear or read is known as receptive language disorder. In normal development children can understand language before they can produce it. Receptive language difficulties or receptive language impairment may be seen in children who are unable to comprehend language. The expressive language disorder is an inability to verbally or nonverbally communicate your needs and wants. It is the incapacity to translate ideas into clear, grammatically accurate words and sentences. Children who have trouble expressing their needs and wants may struggle with expressive language or have an expressive language disorder. (ibid)

**I.4.2.4. Performed vs Systematic**

It is occasionally possible to distinguish between language disorders that affect the lexicon and the syntax system and speech disorders that impact phonology in productive disorders. A better categorization is between disorders that influence phonetic and phonological performance and disorders that affect the underlying system (linguistic levels). (ibid)

**I.5. Language Delay**

Language delay is a type of communication disorders. A child may have a language delay, if their language skills are still developing more slowly than those of other children of his/ her age. In addition, Language delay can be noticed in children who do not meet expected developmental milestones. (Maura,R. & McLaughlin, MD ,2011 May 15)

The main types of primary language delay are language delay and language disorders by its two types; expressive language disorders and receptive language disorders. Furthermore, reading, writing, paying attention, and social skills are all harder for kids who have speech and language delays, It can imply that they find it difficult to express themselves or comprehend what others are saying (ibid).

Since expressive and receptive language delays are types of primary language delay. A receptive language delay is the inability of children to comprehend language. A child may have expressive language delay if they have trouble verbally expressing themselves.

In light of the above, the difference between expressive or receptive language delay and expressive or receptive language disorders is that language delay is related to the period of time that it takes for the child to acquire language and being late in comparison to

his/her peers which makes his/her language development slow. As for language disorder, it is a difficulty in acquiring language.

## **I.6. Causes of Language Delay and Disorders**

Parents frequently struggle to determine whether their child has a problem or an aberrant language sequence. A set of causes, the majority of which are unknown, will be used to determine the recognition. In order to choose the most appropriate strategies for diagnosis and active intervention, both parents and the speech-language pathologist work to identify the primary reason why a child has a language deficit compared to similar-aged children.

### **I.6.1. Neurological Causes**

As the central nervous system is responsible for many behaviors, including speech and language, in the case of children with cerebral palsy, due to the presence of damage in the brain, this is evident in the difficulty in moving the jaws, lips, tongue, and even the air needed for the pronunciation process. It refers to these causes and the accompanying damage or injury before, during, or after birth. They are linked to a breakdown or injury at the nerve system level, where there are specific sections for language and speech.

As far as language recovery is concerned, the more severe the brain injury, the less likely it is that most behavioral, cognitive, and speech-language abilities will be recovered. Importantly, mothers who use to consume drugs or alcohol while pregnant, have a rare illness, or experience psychologically challenging circumstances during pregnancy face the danger of negatively affecting their unborn child's subsequent brain development and speech and language abilities. The onset and progression of neurological illnesses are significantly influenced by alcohol and other substances. These compounds have a negative effect on the structure and operation of both the central and peripheral nervous systems because they are



toxic agents that directly affect nerve cells and muscles. (World Health Organization, 2006, p.120)

### **I.6.2. Genetic Causes**

Families whose children have been identified as having such difficulties developing polished language are the focus of greater research on language disorders. In addition, the information obtained from examining this phenomenon takes into account the biological fact of language delay. In other words, learning more about the genetic makeup of children may help us understand the origins of this condition. For instance, vocal property undergrowth or Down syndrome may directly affect a child's ability to speak properly. Furthermore, the environment in which the child is born and raised is carefully scrutinized; possibly both nature and nurture are to blame for the child's language delay. (ibid)

Furthermore, in order to determine whether language delay can be inherited and passed on to children, or if it is caused by emotional, social, or environmental factors, speech-language therapists are also conducting more biological testing and experiences on family members, primarily parents. Environmental influences encompass both the basic family environment and the environment that is particular to each family member. Studies of environmental factors are required to pinpoint significant influences on speech and language disorders and to comprehend how genes interact. (Lewis et.al, 2006, p. 305).

Interestingly, is to discover from previous research's results that many genes alone can cause language and speech disorders. Yet, other genes also play a role in language impairments such as dyslexia, dysgraphia, and dyspraxia. In essence, there is clear genetic evidence connecting family history of the condition and the function of the gene to speech-language delay and disorder.

**I.6.3. Organic Causes**

The safety of the organic organs responsible for issuing and pronouncing sounds, such as the larynx, glottis, jaws, nose, lips, teeth and tongue, is a prerequisite for the safety of the individual from language disorders, especially if the individual does not suffer from other forms of disability.

Such as mental, emotional, auditory, or cerebral morphology, and any defect in the safety of the devices responsible for speech and language, therefore, leads to a clear defect in the integrity of the language associated with the organic organs responsible for issuing and pronouncing sounds. Any defect in the integrity of the organs responsible for speech and language leads to a clear defect in the integrity of the language. (World Health Organization, 2006, p.125)

**I.6.4. Psychosocial Causes**

Psychosocial causes are all the environmental, psychological, physical and emotional perspectives that can affect the development of a child's speech language. According to World Health Organization, 2006, beliefs, value systems, attitudes, socialization objectives, behavior-modelling techniques, communication patterns, home language use, interpersonal relationships, experiences, problem-solving techniques, and stress coping mechanisms are examples of psychosocial elements. (p 125)

First and foremost, as is common known that parents play a crucial part in exerting a firmer supportive environment for the development of knowledge, skills, and speech. These abilities undoubtedly give kids an excellent foundation.

Subsequently, Parents try to encourage positive and proactive responses to speech and language development. As a result, parental involvement and sharing of experiences and responsibilities with children will enhance speech and language development.

To further exemplify, the emotional bond formed throughout the first year of a child's existence helps to maintain their stable attachment to their parents. Because of this, most kids show a strong emotional bond with the people who take care of them.

Children will be able to use their cognitive abilities to explore the environment because sensitive attachment is likely to foster feelings of safety and trust in them.

It is interesting that parents must continually watch over their infants to protect them from the variety of speech language delay and disorders. That was accomplished by giving them with a full diet in order to preserve their neurological and cognitive faculties, which allowed them to understand and recall speaking language correctly.

In addition, parents should provide a calm, safe, loving, and balanced home environment that emphasizes both control and freedom for their children. Moreover, parents should get their children out of the life difficulties that they suffer from such as: divorce, poverty...

In contrast, the main causes of speech and language disorder are parents who often abuse their children and use corporal punishment with them, potentially exposing their children to psychological problems namely: depression, anxiety and insecurity.

Overall, psychosocial deprivation may be detrimental to a child's performance and speech-language development. In order to preserve their mental and linguistic capacities for receptive and expressive language outcomes, parents must address the emotional and social void that their children feel towards them.

### **I.7. Characteristics of Children with Speech and Language Delay and Disorders**

Typically, parents or other family members try to predict their child's speech and language development based on the most significant milestones. Parents become frustrated and perplexed if, contrary to what they had anticipated, their child's speech and language

development does not go as planned. The following signs will alert parents to a problem or an abnormality.

**I.7.1. Social and Emotional Characteristics**

- Children with that condition prefer to be by themselves or in isolation and have poor social interactions with their peers. Peer interactions may be problematic for kids with delayed language development. At the beginning, some kids with language impairments also struggle with social perception. The social communication's non-verbal clues are difficult for them to notice and understand (Kleeck and Richardson, 1988, p.678).
- They appear to find it difficult and challenging to participate in conversation.
- The sensation of stress, unease, worry, despair, anxiety, dread, poor self-confidence, and jealousy.
- Children who suffer from language delay or disorder frequently adopt hostile views towards unfamiliar peers.
- The majority of them are more inclined to handle or manipulate tangible objects than their peers.

**I.7.2. Physical Characteristics**

- In comparison to their peers most of them are late in walking.
- They may have cleft palate and tongue problems.
- They may have allergies in addition to high fever sometimes associated with ear infections or chronic diseases.
- Problems related to partial or total hearing loss.

- Difficulties with sleep and nourishment.
- Difficulty with oral motor skills during speaking, swallowing, and drooling.

**I.7.3. Cognitive Characteristics**

- Difficulty with the ability to concentrate, focus, notice, and articulate things.
- Children take a while to respond or choose the appropriate lesson.
- Having trouble remembering details and accurately reporting everyday events.
- Problems involving quality, quantity, and time counting and related mathematical ideas.

**I.7.4. Problems of Receptive and Expressive Language**

Children with Language delay or disorders have problems in; receptive language and expressive language.

**I.7.4.1. Problems of Expressive Language**

- Compared to other children their age, children with expressive language delays have a reduced vocabulary.
- They have a restricted vocabulary and have trouble connecting words together to form complete sentences.
- Inability to adequately express a topic or series of events in words.
- Inability to ask and respond to inquiries.
- Not showing appropriate emotions, such as laughing at jokes.
- There is a difficulty with replying to questions by pointing at objects and photos.

- The most alarming signs are when a child is not babbling by the age of 15 months, lacking speech by the age of two, and the inability to speak in short sentences by the age of three.

#### **I.7.4.2. Problems of Receptive Language**

- Children with language delay or disorder face problems in understanding the others.

- They have difficulty understanding the meaning behind the gestures made by others and their body language, like head shrugging or nodding.

- Following directions and carrying out instructions is also an obstacle for them.

- “characteristics of language disorders include limited understanding or production of vocabulary, missense of words and their meaning, difficulty expressing or following ideas, immature grammatical patterns” (Feldman,2005,p.132).

#### **I.8. Speech Language Pathology (Therapy)**

The science of speech-language pathology, which also falls under the science of communication and the discipline of disorders, is the study of speech, fluency, feeding, swallowing, and all other mechanisms of speech and language, as well as the therapeutic application of corrective and augmentative measures to help people with speech disorders speak and communicate better. This also includes the closely related but separate study of audiology. (Johanna M. Rudolph, 2017)

According to The American Speech-Language-Hearing Association (1993), speech disorders, language disorders, social communication disorders, cognitive communication disorders, and swallowing disorders are included in the field of speech-language pathology. (ASHA, 1993, p365)

Language and speech are different from one another, to extent that they are considered as two different disciplines. Speech is the phonetic verbal spoken sounds produced by human (oxford dictionary of psychology, 2013, p2). While Language is composed of socially accepted principles, such as how to combine words, how to create new words, what words imply, and which word combinations work best in which contexts.

Despite the fact that both speech and language disorders can exist on their own, they frequently do so in tandem, which is why speech-language pathology is a joint field of study. (ASHA, 1993)

Speech-language pathologists are highly trained clinicians who collaborate with other members of a multidisciplinary team of experts, including teachers, doctors, audiologists, psychologists, social workers, physical therapists, and occupational therapists for assessment, diagnosis and treatment of impairments in speech, language, communication and swallowing. (Law J, Garrett Z, Nye C 2015)

As maintained by the Journal of Health and Social Behavior (JHSB) the responsibilities of speech-language pathologists are:

- Creating and carrying out treatment programs in accordance with the interdisciplinary team's professional evaluation and advice.
- Tracking the development of their patients and modifying their treatment strategies as necessary.
- Reporting on the treatment, progress, and discharge of patients and recording patient care.
- Ordering, performing, and reviewing tests and examinations for hearing, speech, and language.

- Providing information to patients and their families about treatment plans, communication methods, and ways to deal with speech and language barriers. (JHSB,2001)

While the speech- language pathologists is doing his work, he uses some strategies and tools that help him/her build the child's delayed or disordered language. In addition, these strategies help the child improve his/ her language skills.

Law J, Garrett Z, and Nye C (2004) mention a variety of strategies that therapists use including:

❖ **Language Intervention Activities**

To encourage language development, the SLP will engage a kid in play and conversation while pointing out images in books, objects, or other activities. To improve language skills, the therapist could employ repetition exercises while also modelling appropriate vocabulary and grammar.

❖ **Articulation Therapy**

The therapist must demonstrate the proper sounds and syllables in words and phrases for the child as part of articulation, or sound production, exercises. This usually happens during play activities. Playing at the right level for the child's age and developmental stage. The SLP will demonstrate to the youngster how to produce particular sounds, such as the "r" sound, and may even demonstrate how to move the tongue to produce particular sounds.

❖ **Oral-motor/feeding and Swallowing Therapy**

The SLP may employ a number of oral exercises, such as facial massage and various tongue, lip, and jaw exercises, to strengthen the muscles of the mouth used for



swallowing, eating, and drinking. A child's oral awareness during eating and swallowing can be improved by the SLP by introducing various food textures and temperatures.

**I.9. Conclusion**

Numerous conclusions can be drawn and inferred from this literature review. Children therefore acquire speaking language in a methodical, complicated way. It has been determined how children naturally pick up and develop their own language, as well as how the developmental milestones for children between the ages of three and five take place. It has been studied in an interesting way in which children clearly progress through language impairments or delays. Additionally, parents will be able to determine whether their child's language development is on track or not, as well as to what extent the symptoms of speech language delay and disorders that have been observed are reliable for parents to make a preemptive diagnosis. In order to identify the causes of speech language impairments and delays. Finally yet importantly, this chapter contains strategies used by speech-language pathologists, which will be investigated through the answers of the questions that will be asked to parents and therapists.

***Chapter two***  
***Research Methodology***  
***and Data Analyses***

**Chapter Two: Research Methodology and Data Analyses****II.1. Introduction**

This chapter sheds light on the practical framework applied in our research work. It uses both quantitative and qualitative research methods in order to provide answers to questions related to our research problem. It also highlights the tools used to collect data related to the current area of the problem, which is language delay and disorder within children, signs, causes, as well as the treatment strategies used by speech-language pathologists to make parents get a proactive diagnosis and seek early intervention from a speech-language therapy examination.

**II.2. Context of the Study**

This study is conducted in Algeria in the city of Tiaret in the Hospital of Mental Diseases, children's unit. In addition to Al-Amal Association for Children with Autism and Trisomy. A speech-language therapist from each center participates in our research in order to answer our questions. Beside 50 parents of children who have language delay problem from both centers. The Hospital of Mental Diseases is settled in BP 386 Les Pins, Tiaret, Algeria. And the second center in Mishri Djilali District No 09 EPLF, Tiaret.

**II.3. The Research Design****II.3.1. The Research Method**

In this research paper, we opted the qualitative and quantitative methods for our research, in order to achieve a useful and real result. We consider that the use of a qualitative approach allows us to collect descriptive data, and provides us with various answers from diverse prospect. The main goal of this research is to shed light on the, difficulties and problems that parents and therapists face within some solutions for the

children with language delay, while quantitative strategy offers and brings us a statistics percent's of the current study.

### **II.3.2. Target Groups**

The target population, according to Kahn and Best (2006), is a group of people who share some common properties that the researcher is particularly interested in. Moreover, the American Psychiatric Association (1994) asserted the target population as a group of individuals with parallel characteristics and life circumstances.

In our study, the target population is composed of speech- language therapists who work in Mental Diseases Hospital and Al-Amal Association in addition to the children's parents.

### **II.3.3. Sampling Process**

According to Nicholas (2006) sampling is a process of a relativity smaller group of group as representatives from a large group of population , our sample here, which comprise of speech-language therapists and parents, is regarded as appropriate for doing the research in order to obtain reliable and valuable information.

### **II.4. Data Collection Tools**

Mixed method relate to the use of two methods. In this study with using the mixed method; a semi-structured interview designed to pathologists. A questionnaire directed to parents. Triangulation is used as a strategy to test the validity of information provided by more than on source. These methods used in order to collect data accurately.

**II.4.1. Questionnaire**

The quantitative approach in our study is represented by the questionnaire. Using the questionnaire in this study as a main research tool, aims to facilitate the possibility of knowing the characteristics of children with language delay.

As a main research tool, we have chosen the questionnaire along with an interview in our study, these data collection tools have been intended for parents. The questionnaire was prepared to parents; it aims at identifying crucial symptoms that appear on children with language delay at an early age, firstly, a description for the child's behavior, also his daily habits. It includes two parts; the first part in one hand contains of personal information of the parents (gender, age, occupation), while the second part consists of twelve questions. Our questionnaire looks for gathering general data about children with language delay. This questionnaire contains questions, which are a combination between multiple choice questions, close-ended questions, and open-ended questions.

**II.4.2. Semi-structured Interview**

An interview is a data collection tool, used in qualitative approach to perform a research study (Byrne, 2001). The aim of this interview is to collect data accurately and complete information about language delay diagnosis from pathologists, for instance gathering information about the challenges that face them in treating children with language delay.

In this study within the using of a semi-structured interview, which was prepared for speech-language therapists in order to discover more about language delay within the methods and approaches used in treating the problem of language delay, our interview is divided into four parts. To begin with the first part, this contains six (06) questions about general information related to patients. Furthermore the second part, dealing with toddlers

## Chapter two:

## Research Methodology and Data Analyses.

contains three (03) questions. Next comes the third part which contains six (06) questions. To finish with the treatment and the therapy of language delay in the last part, which contains seven (09) questions.

### II.5. Data Analysis and Interpretation.

#### II.5.1. Parent Questionnaire.

##### II.5.1.1. Part One: Personal Information.

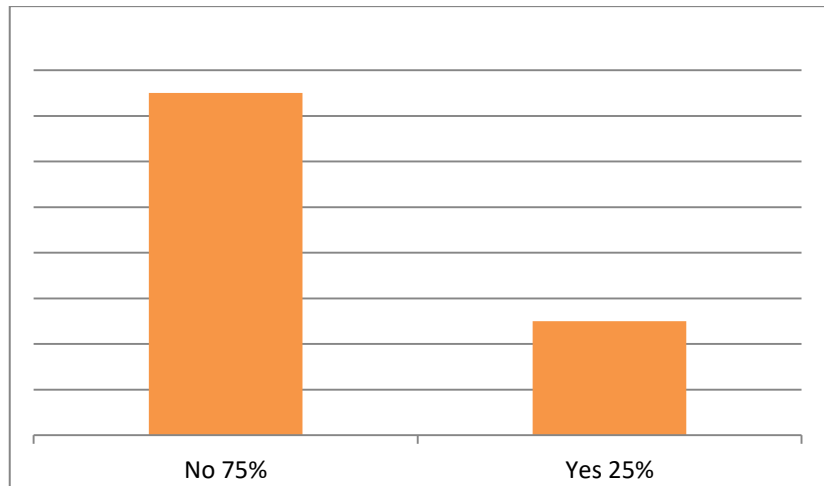
Gender		Age					Occupation	
Male	female	18to29	30to39	40to49	50to59	60to70	employee	unemployed
25	15	11	19	10	0	0	25	15
62.5%	37.5%	27.5%	47.5%	25%	/	/	62.5%	37.5%

**Table 1. Parent's gender, age and occupation.**

##### II.5.1.2. Part two: Language Related Problems

**Question 01:** Has your child ever had language evaluation before?

Our purpose behind asking this question is to discover if the child had evaluation before engaging in the therapy. Different responses were collected answering our question toward parents from Yes to No.



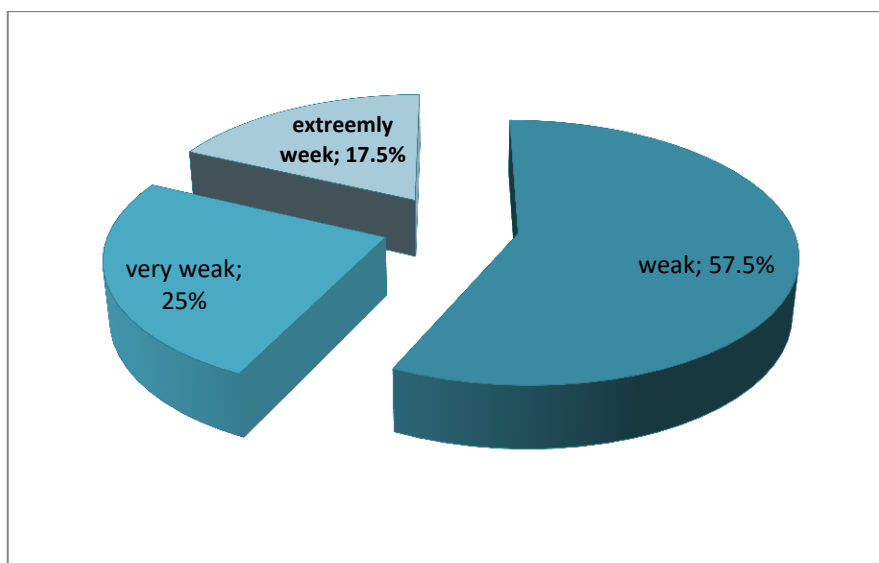
**Figure1. Language evaluation**

The diagram above shows that 75 % of respondents their children had no language evaluation before, which make it a significant percentage in comparison to the percentage of those who had a language evaluation before, since they represent 25%.

**Question 02:** In comparison to his peers your child’s language is?

- Weak
- very weak
- extremely weak

This question aims at detecting to what extent the child with language delay differs in term of language from his peers.

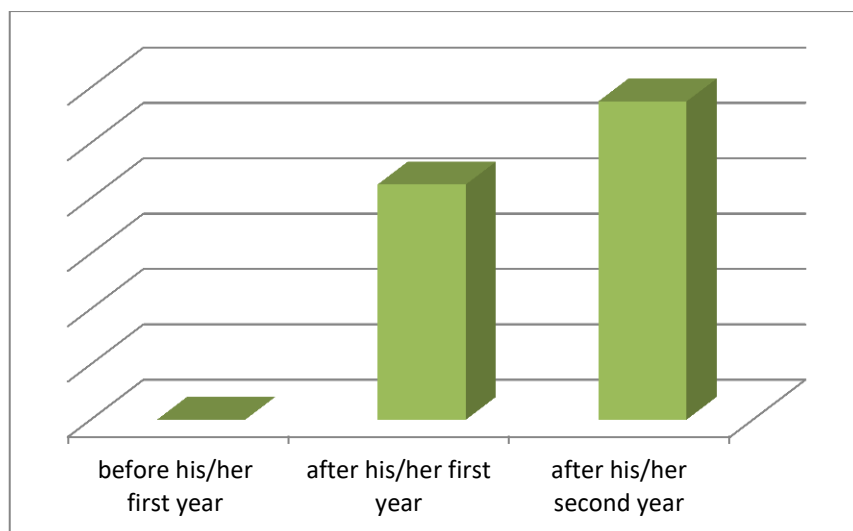


**Figure2. Comparison between the language of the child who has language delay with the language of his normal peers**

The previous pie-chart shows that the language of children who suffer from language delay does not match that of normal children. With a total of (57.5%) of them their language is weak, moreover (25%) who's language is very weak, and the others which present (17.5%) their language is extremely weak in comparison to children in his age.

**Question 03:** When did you first notice this problem?

The objective of this question is to determine the age at which parents notice that their child has problem.



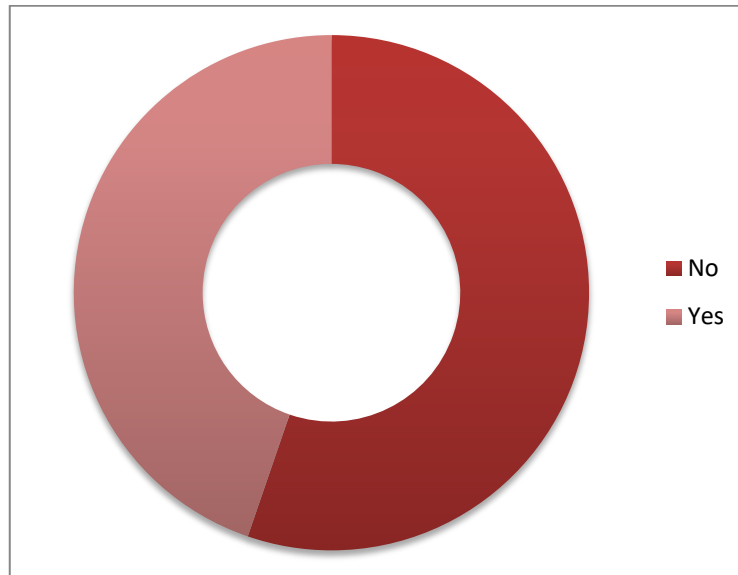
**Figure3. The age when parents notice the problem.**

The results that are represented in the diagram, is that (57.5%) of parents notice the problem on their children after their second year. While (42.5%) of them notice the problem after their children finish their first year.



**Question 04:** Is there a history of language delay in your family?

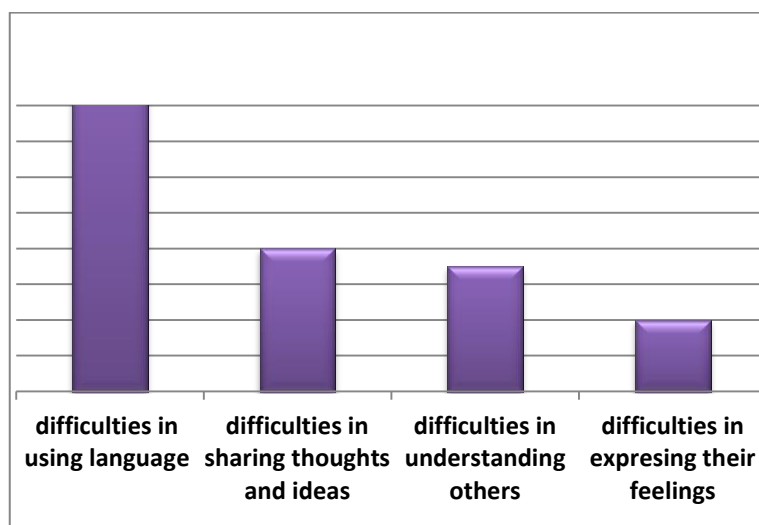
This question aims to figure out whether language delay is inherited or not.



**Figure4. History of language delay in family.**

As shown in the pie-chart above, that (47.5%) of the respondent confirm that they have a history of language delay in their families. by contrast (52.5%) of them said that they have no history of language delay than.

**Question 05:** What concerns you about your child’s language?



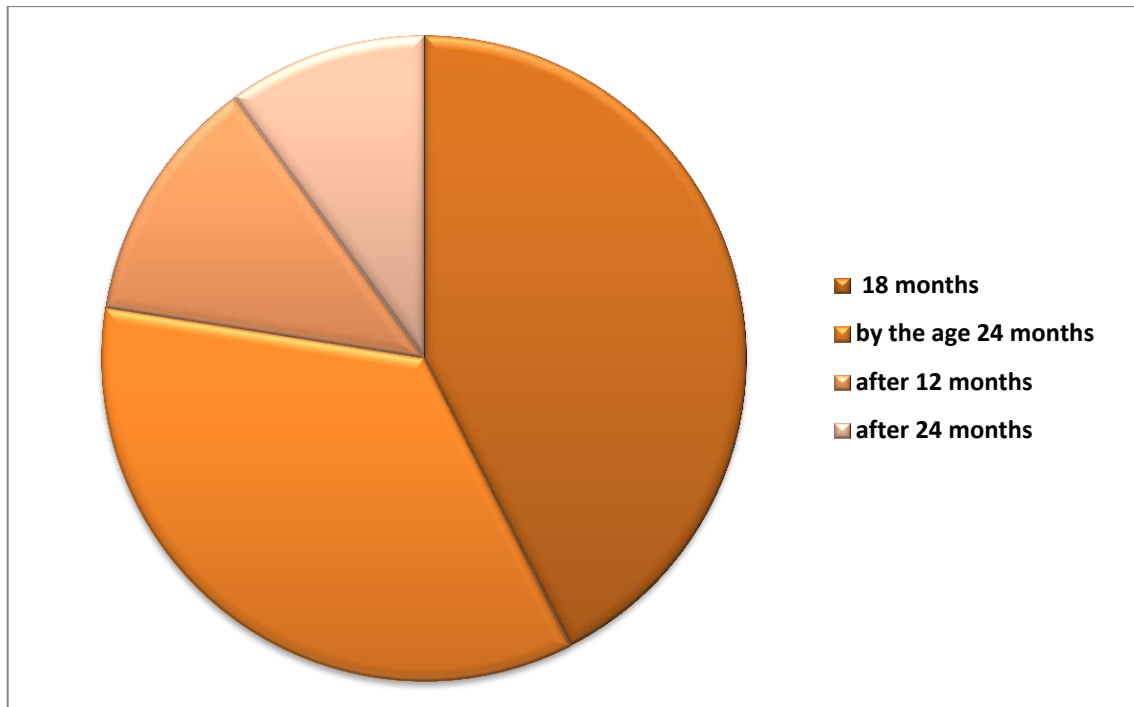
**Figure5. The child's language difficulties.**

The purpose behind this question is to detecting the difficulties faced by children in term of dealing with language. The diagram above shows the respondent answers.

- ❖ (52.5%) of children face difficulties in using language.
- ❖ (20%) Of them have difficulties in sharing thoughts and ideas.
- ❖ (17.5%) of them have difficulties in understanding others.
- ❖ (10%) Of parents confirm that their children face difficulties in expressing their feelings.

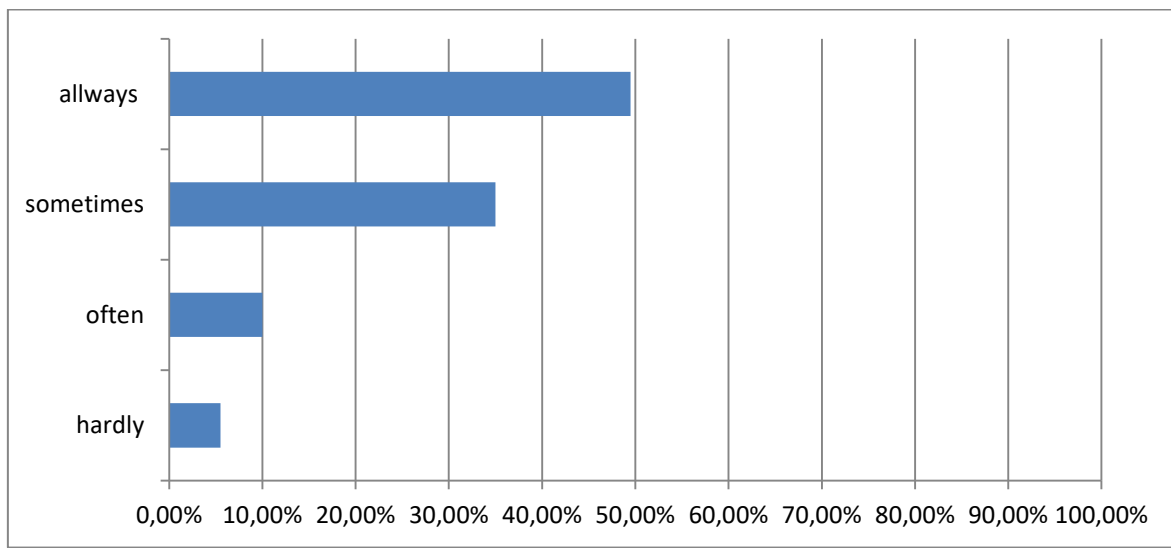
**Question 06:** When did your child say his/her first word?

This question main aim is detecting when the child say his/her first word. The pie-chart below represents that the most of children with a total of (42.5%) said their first word when they were 18 months, moreover (35%) of respondents said that their children talk first by the age of 24 months, furthermore (12.5%) of children said their first word after 12 months, and finally, parents who had been respond that their children's first word was after they finish 24 months they were almost (10%).



**Figure 6. When the children said their first word**

**Question 07:** Does your child use sounds or words to get your attention or help?



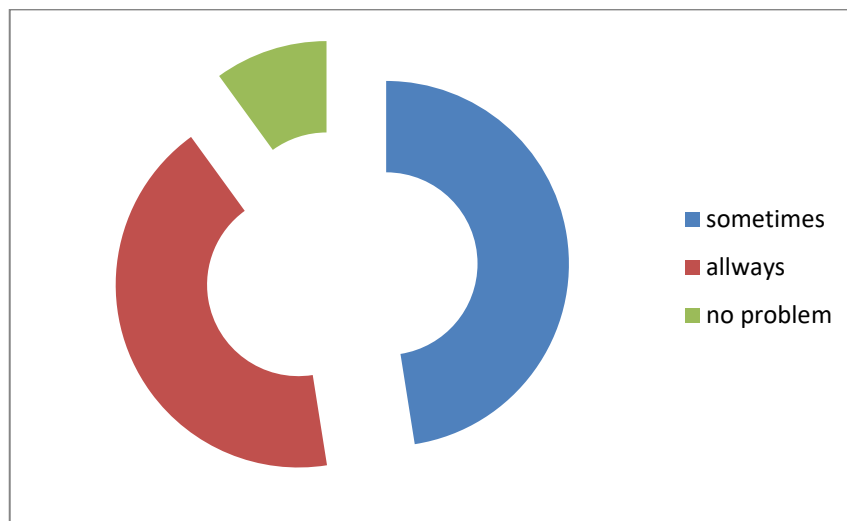
**Figure 7. The sounds and words used to get attention and help by children.**

Our objective behind asking this question is to determine to what extent a child with language delay communicates with people around him to get attention or help. The previous diagram shows that the majority of children use sounds and words always, which

are around (49.5%), on the other hand (35%) of them respondents that their children sometimes use sound and words, moreover (10%) respondents that their children often use sounds and words. And a few respondents around (5.5%) said that their children hardly use sounds and words to get attentions. All of the respondents added that their children use also sings and gestures and almost of the time they cry to get attention and help.

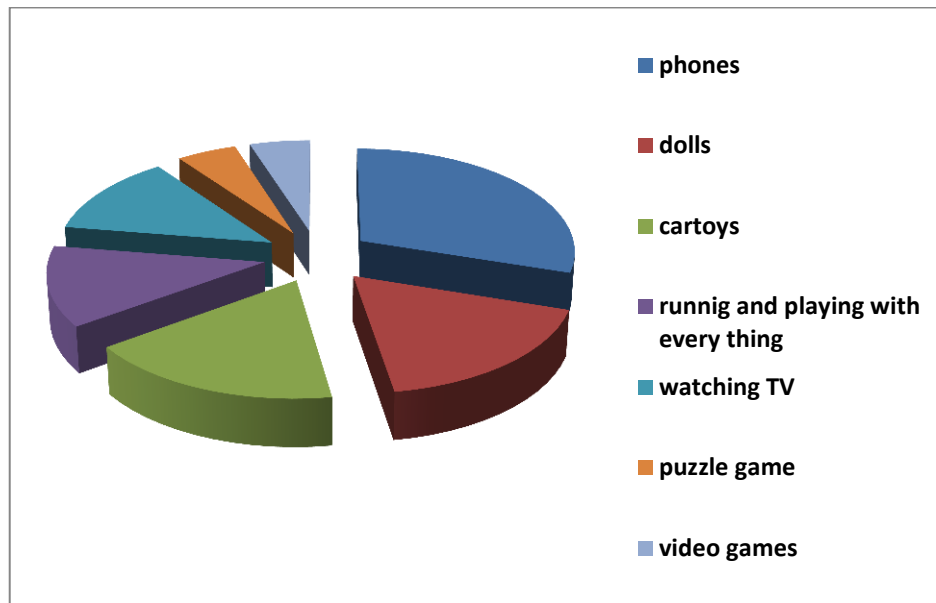
**Question 08:** Is your child difficult to discipline?

The data represented in the coming pie-chart shows that the majority of the respondents (47.5%) sometimes face difficulty disciplining their children. While (42.5%) of the informants confirm that they always face difficulty while disciplining their children. And the (10%) of them responds that they have no problem in disciplining their children.



**Figure8. Child's discipline.**

**Question 09:** What is your child's favorite play activity?



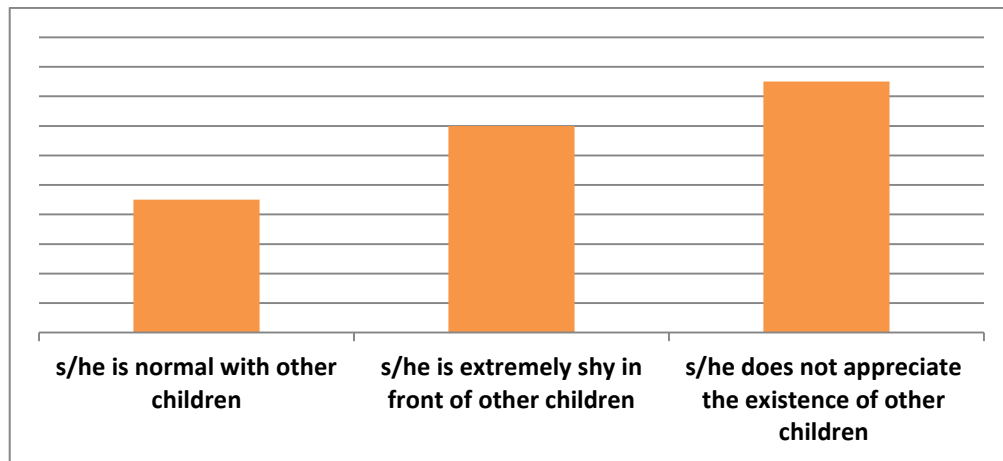
**Figure9. Child's favorite play activity.**

This question aims at knowing what the child prefers as a play activity. When asked this question different responses were given; they are shown in the pie chart above, whereas:

- ❖ 30 % of children, phones are their favorite play activity.
- ❖ 17.5 % of them, dolls are their favorite play activity.
- ❖ Also 17.5 % of them, car toys are their favorite play activity.
- ❖ A total number of 12.5 % of children prefer watching TV.
- ❖ Running and playing with everything is also preferable for 12.5 % of them.
- ❖ Then only 5 % of children like puzzle games.
- ❖ And finally also 5 % of them prefer video games as play activity.

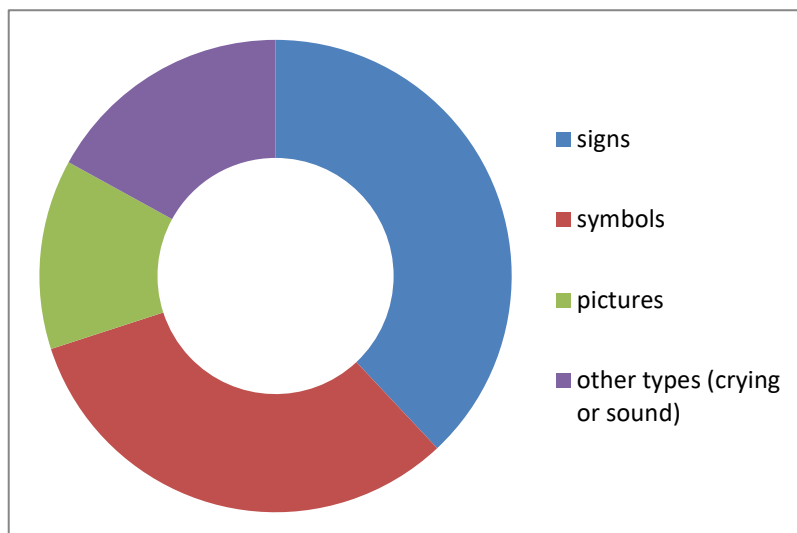
**Question 10:** How does your child get along with other children?

For this question the majority of respondents, about 42.5% said that their children do not appreciate the existence of other children to play with. While 35 % others confirm that their children are extremely shy when in front of other children. In addition, 22.5 % of parents declare that their children are normal with other children. These results are well summarized in the diagram bellow:



**Figure10. The relation between the child with language delay and other children**

**Question 11:** What type of augmentative communication system does your child use?



**Figure11. types of augmentative communication system.**

The objective of this question is to figure out what type of augmentative communication system children with language delay use as a substitute for language. As shown in the above graph that 37.5 % of children with language delay use signs to communicate with others, while 32.5 % of them communicate by using symbols. Moreover other 13% of them use pictures. Finally 17% others use other types of augmentative communication such as using sounds or crying.

### **II.5.2. Speech-language Therapists Interview**

#### **Background information about therapists:**

##### **The first participant:**

- **Official job:** Speech-language Therapists.
- **Place of employment:** Hospital of Mental Diseases Tiaret.
- **Date of interview:** on April 2023, 26<sup>th</sup> Wednesday, from 11:00 to 12:30.
- **Gender:** Male.
- **Age:** 42
- **Work experience:** 11 years.

##### **The second participant:**

- **Official job:** speech-language therapists and psychologist.
- **Place of employment:** Al-Amal Association of Children with Autism and Trisomy. Tiaret
- **Date of interview:** on March 2023, 4<sup>th</sup> Tuesday, from 14:00 to 16:00.
- **Gender:** female.
- **Age:** 29
- **Work experience:** 5 years.

**II.5.2.1. Part one: General information**

**Question 01:** what is the average age of patients that consult you?

**Answer 01:** Both therapists agreed on the age of three (03) to six (06) years, especially at the age of five (05) years. When parents realize that their children differ from other children in terms of language and cannot form a complex sentence in addition to the strange behaviors that appear on them.

**Question 02:** which gender do they most frequently belong to?

**Answer 02:** Our interviewees respond by saying that the predominant gender is males more than females.

**Question 03:** How do patients come to you?

**Answer 03:** Speech- language therapists answered that patients come in through medical direction, personal diagnosis, or through a parent noticing a problem in his/her child. It could also be advice from someone who has noticed a language delay in the child, to intervene urgently and take the child to a speech- language therapist to diagnose him/her and find out the problem to solve.

**Question 04:** Are children with language delay diagnosed alone or with their parents?

**Answer 04:** Both in the hospital and in the association, speech-language therapists assure that children attend the first session with their parents, and sometimes only with one of them. However, when a child comes for a therapy session, s/he only attends with the therapists without his/her parents present in the therapy room.

**Question 05:** What behavior is observed on the child when consulting?



**Answer 05:** The interviewees admit that the child's behavior during counseling indicates that the child does not abide by the limits and often suffers from behavioral problems, and this leads the child to the difficulty of acquiring all skills, within the lack of attention and focus due to the lack of acquiring the skill of limits.

**Question 06:** what are the key developmental observations that you can do it during a quick office visit?

**Answer 06:** Here, speech-language therapists notice that the majority of children are victims of technical devices such as; Phones, televisions, computers, video games, that lead the child to be infected by language delay.

### **II.5.2.2 Part two: Dealing with Children**

**Question 01:** what kind of sources that you consult to determine the disorder's type?

**Answer 01:** According to responses our interviewees, if the disorder is easy to determine in what type, then it will be accessible to determine what kind of disorders is. However, when there is difficulty in here, the situation needs to ask for help within medical advice from other speech-language therapists or psychologists to guide them in detecting the disorder's type. Besides, the guidance for complementary disorders for the diagnosis of hearing, mental, and neurological aspects of the child.

**Question 02:** What is your immediate reaction that you perform when you encounter problems with a patient (for instance, s/he rejects you)?

**Answer 02:** For our interviewees, the therapists must have patience and hope for the healing and if the child rejects the therapist, then the speech-language therapist tries to form a relationship between him and the child, which is built by playing, passion and positive things, the child rejects the therapist because the child is selfless. Furthermore,

patience is the only thing that makes the therapist override all the negative things that the child does towards the therapist.

**Question 03:** Do all patients are punctual to the appointments?

**Answer 03:** Speech therapists agree that is due to the circumstances of parents as well as according to the competence of the therapist. However, often there is a commitment to the appointment, especially if there is awareness of parents for the seriousness of the language problems.

### **II.5.2.3 Part three: Language Delay**

**Question 01:** As a therapist how can you distinguish the language delay?

**Answer 01:** Speech therapists in both institutions acknowledge that language delay can be detected by knowing the age of the child and comparing the extent of his language acquisition with the language acquired by his peers. Or by attributing it to the stages of language acquisition.

**Question 02:** What are the main causes of language delay?

**Answer 02:** Our interviewees confirms that the following reasons are the causes of language delay such as; the lack of communication between parents and their children, due to reasons including preoccupation with work and neglect of children as well as the narrow environment. Furthermore, the living of the child with his/her parents only, when the child is alone without playing outside due to the parent's fear of the external environment. This is what makes the child fill his/her time with technological device, especially at early age as two or two and half years, the child be more interested in the phone or other technologies with no integration with other children or play with them.

**Question 03:** Do you consider being a twin is an appropriate reason to be a language child?

**Answer 03:** According to the responses of our interviewees, on the contrary in most cases, the twin of a child with language delay has good language skills, unlike his twin, within a good physical and mental health more than his twin with language delay.

**Question 04:** Is language delay a disorder?

**Answer 04:** Both speech-language therapists agree certainly that language delay is a type of communication disorder related to language, this disorder occurs when the child have difficulty to expressing him/her self or to understand what others say.

**Question 05:** What are the common features of language delay?

**Answer 05:** The responses here were poor language balance in the child's language in comparison to his age. They illustrate more by saying that the normal child's language should be completed by the age of three or three and half years. They said also that a normal child can form a complex sentence by this age, in contrary a linguistically retarded child cannot do so instead s/he can only uses simple words.

**Question 06:** What are the common difficulties often faced by those who suffer from language delay?

**Answer 06:** Our interviewees classify the difficulties as; the communication difficulties such as; anxiety, stubbornness, and sensitivity. The child with language delay always tries to avoid communication. Facing these difficulties leads the child to be aggressive with his peers or brothers.

**II.5.2.4 Part four: Treatment of Language Delay**

**Question 01:** Which interventions are suitable for children with language delay?

**Answer 01:** Speech-language therapists urged the benefit of early diagnosis, since at the age of two to two and a half years, the child must have fulfilled his linguistic balance that enables him to communicate with others, at least using simple sentences consisting of two words. If parents do not notice this happening to their child, it is necessary to be diagnosed urgently. They also emphasized the importance of linguistic contact with the child since birth.

**Question 02:** what are the various types of treatment suggested?

**Answer 02:** The linguistic balance of the linguistically delayed child does not correspond to the linguistic balance of the normal child. Therefore, it is necessary to help the child develop and intensify his balance. This is done by adopting the strategy of language interventions, which is by helping the child to integrate with others and intensifying emotional communication, especially between the child and his parents, as well as trying to engage in conversations through playing using pictures, games and drawings. It is also necessary to provide an environment that contains children, such as integrating the child, for example, into a kindergarten, or allowing him to go out to play with his peers. This is what parents do by following the advice of the therapists.

**Question 03:** In what ways can parents assist with the healing process?

**Answer 03:** Our interviewees agree that parents help the child in the healing process by following the advice of the therapists, as well as helping the child from the side of nutrition and the keenness of parents to follow a diet and take the child out of the house so that he

does not remain alone, within so many feelings and emotions, linguistic communication to develop his language skills along with avoiding parents conflicts in front of the child.

**Question 04:** where does the therapy take place?

**Answer 04:** For therapist, the treatment is carried out in the office of a specialist in language and speech therapy, in individual or group classes, and often the duration of these sessions is limited about 40 minutes. Either, outside the home or at home, the parents plays a role at helping their children by repeating with the child what the therapist did with him.

**Question 05:** how does the treatment affect the toddler's social life before, during, and after?

**Answer 05:** Speech-language therapists confirmed that certainly there is an impact on social life, before the treatment the child in weak, stubborn and lacks confidence it himself, within the problem of communication in addition to being sensitive and many negative things and behaviors are found in the child before the treatment. After that, when the acquisition, the child heals and becomes a child acquired all the skills the same as normal children within the development of self-confidence. However the child has knowledge of his surroundings, knows and names things, talks, responds and answers the question thus is treated and becomes a split with abilities and skills.

**Question 06:** how long does the therapy take place?

**Answer 06:** Our interviewees emphasized that each case has the duration in entails; there are some cases that prolong their treatment, as for the lack of development of language skills and language abilities that lead to a long treatment period. Furthermore; there are children whose treatment period ranges from four to five months, in which he acquires skills and the ability to develop them. However; there are others that take a longtime, up to

## **Chapter two:**

## **Research Methodology and Data Analyses.**

one or two years, this is due to the type of disorder of problems that accompany the language delay.

**Question 07:** Can language delay be treated permanently?

**Answer 07:** Therapists agreed that, certainly it is treated definitively if the child has a limited language delay and is not accompanied by other disorders such as; mental retardation or autism, difficulties and neurological problems in the simple one, acquires skills and develops both the linguistic balance and his own learning, moves from the stages of nothing to the stage of learning, acquisition and knowledge.

### **Conclusion**

This chapter included at the methodological part of our study, within the description of the data collection tools involving questionnaire, semi-structured interview planned for speech-language therapists the level of Al-Amal association and mental diseases hospital, the findings contains a set of information concerning children with language delay and featured that discriminate them from other peers, in addition, the difficulties that therapists face in treating children with language delay, besides, the approved methods used in dealing with this disorder. From the achieved results, it is obvious that there are some difficulties in terms of language, behavior, and communication. Therefore, the final chapter of this study is designated to the discussion of results, limitations of the study and some proposed recommendation.

***Chapter Three***  
***Discussion and***  
***Recommendation***

### **Chapter Three Discussion and Recommendation**

#### **III.1. Introduction**

The current study investigates speech-language therapy for preschooler's children with language delay. The findings from the speech-language therapist interview and the parent questionnaire, which were completed in order to collect the data, will be explained, summarized and briefly discussed in this chapter. In the context of the reviewed literature. The study will be concluded with some proposals for solutions and several recommendations for more investigation.

#### **III.2. Discussion of the Findings of the Parent's Questionnaire**

- ❖ Our current study proved that the majority of children had no language evaluation test during their language acquisition stages. This makes the discovery of language delay in them often late. Which later affects the duration and method of treatment.
- ❖ The results showed that the linguistic level of the language-delayed child ranged from weak to very weak to very weak in various characteristics. This makes for a disparity in the speed of healing. It also makes the sample different groups subject to treatment in different ways and for a certain period, each according to his condition.
- ❖ Finding out the age at which parents noticed their child had a problem in his/her language. It enabled us to reach the conclusion that not all parents consider the lack of language appearance in the first year of their children's life as a problem. Where it confirms their ignorance that the language appears on the child from the age of 6 months in the form of Babbling. Additionally, the majority of parents still do not feel the seriousness of the problem until after the age of two years.
- ❖ The results did not strongly confirm that language delay is due to genetic causes. As the proportions were not significantly different. This is inconsistent Lewis's idea



(2006) that Studies of environmental factors are required to pinpoint significant influences on speech and language disorders and to comprehend how genes interact.(p.305)

- ❖ Based on the results of the specific question what concerns you about your child's language. We concluded that the majority of children have difficulties in using language.as for sharing their thoughts and ideas the results were close to equal.
- ❖ The results of the study indicate that between the ages of 18 and 24 months, nearly all toddlers with language delay say their first word. Their language development is therefore moderately to severely delayed. This shows that parents were quite late in intervening to fix the problem. As a result, throughout the period of therapeutic screening, many barriers may arise.
- ❖ The findings reveal that, language-delayed children primarily use sounds and words to interact with those around them. While just a few of them make signs and gestures to request assistance or attention.
- ❖ Other results demonstrate that most of the time, linguistically delayed child is hard to discipline. While, low proportion has no problem in disciplining. This make the job of speech-language therapists need a lot of patience and fortitude when dealing with children with language delay.
- ❖ The results indicate that, most children prefer stay along in front of technical devise along hours; this may be considered as a risk factor for the child's language.
- ❖ The study found evidence that the majority of children with language delay do not appreciate the existence of other children around them which confirms the idea of Kleek (1988) "Children with delayed language development may have peer interaction problem. First, some children with language delays also have problem in social perception" (p. 678).

- ❖ From the findings, instead of using spoken language to communicate, children with language delay use augmentative communications. Children with language delays use augmentative communication. Like signs mostly, symbols, pictures, and sound or crying.

### **III.3. Discussion of The Findings of the Speech-Language Therapist's Interview**

- ❖ The agreement of both therapists that the age of three (03) to six (06) years, especially at the age of five (05) years is the age at which parents discover the problem. It enables us to conclude that parents do not realize the seriousness of the language delay problem and do not pay attention to early diagnosis.
- ❖ The study discovered evidence that boys are more frequently affected by linguistic issues than girls. Undoubtedly, we have seen more boys than girls visit the Tiaret public speech therapy center. Curiously, girls tend to be more mature and have more developed linguistic skills than boys do.
- ❖ Medical directions, personal diagnosis, through a parent noticing a problem in his/her child are the main reasons in discovering language delay problem in children. To intervene urgently to diagnose and find out the problem to solve.
- ❖ Children attend the first session with their parents, both or one of them. This helps in diagnosis. As for the treatment session, the child is accompanied by the therapist only. However sometimes there are classes for group therapy to integrate the child with other children who have the same problem.
- ❖ Linguistically delayed child behavior indicates that the child is hard to discipline and control since s/he hardly follow directions and limits.
- ❖ The main issue that speech-language therapists notice is that the technical devices are the most used by children, with language delay. Which make them the cause of the obstacle of language delay.

- ❖ Diagnosing the linguistic problem, knowing its type, and trying to discover its causes, are the first steps in the treatment. The diagnosis and treatment of language delay and disorders is based on the concerted efforts of an integrated team from a neurologist, a surgeon, a psychologist, a language-speech therapist, and hearing specialist, depending on the case and the language problems s/he suffers from.
- ❖ Although working as a speech therapist requires a lot of patience and persistence in dealing with each case of children. However, the specialists we interviewed showed how much they love to work and love to be with children to help them, and how happy they are with the effectiveness of their treatment.
- ❖ Speech and language therapists emphasize the need for parents to adhere to specific treatment appointments. Parents should be aware from the seriousness of the problem that their children have.
- ❖ There are indicators that could point to potential issues. In addition to observing the child, the speech-language pathologist will use a number of standardized tests to evaluate the child's present level of achievement and compare it to the standards for children of that age. The pathologist will also note the child's understanding (receptive language), his expressive language, his use of nonverbal cues (pointing, nodding...), and his oral-motor status, in addition to other factors. Oral-motor status involves evaluating the mouth's functionality for eating and swallowing in addition to its ability for communication.
- ❖ Children feel neglected because of the absence of contact between them and their parents. Additionally, the child spends the most of his time alone, which prevents him from using language. In addition, a child's excessive use of technology hinders the development of his language.

- ❖ Language delay is considered as a communication disorder. If a child falls short of the language developmental milestones expected for his/her age, s/he may be experiencing a language delay. S/He might be developing his/her linguistic skills more slowly than the average children might. S/He can find it difficult to communicate or comprehend people.
- ❖ Anxiety, stubbornness, and sensitivity are the main difficulties that children with language delay face along their lives if the problem is not solved.
- ❖ Although many children may improve without intervention, but early intervention still important for most cases and it is beneficial almost of the time.
- ❖ Emotional balance and stimulation plays an important role in the treatment of language disorders, promoting acceptable answers and removing wrong ones, while adopting different methods of motivation, participation in speech and discussion, answering children's questions clearly and with sound pronunciation without making them feel bored and far from notifying them that they are in a treatment session and motivating the patient to learn new words The patient's confidence enhances the correct pronunciation of speech and pushes him to progress in the pronunciation of words.
- ❖ Early intervention may help to reduce articulation errors, advance brain development, and generally improve the child's communication skills. Parents may have more control as a result. Future academic and personal lives of children are also impacted by early intervention. Parents increased involvement in their child's speech and language development is crucial to the success of early intervention speech therapy.
- ❖ The treatment affects child's social life by making his/her language skills and self-confidence stranger than before, which leads the child to communicate effectively as well as normal children. Regarding to names things, playing with his/her peers, responds and answers question addressed to the child.

- ❖ Whenever parents notice language delay problem in their children early, the duration of treatment does not take much time. By contrast the later diagnosis of the problem makes the treatment duration longer.
- ❖ Language delay can be treated permanently unless it is accompanied by other disorders such as; mental retardation or autism, difficulties and neurological problems. Within the intervention of speech-language therapist and the assistance of parents in following guidance and instructions giving by the specialist.

#### **III.4. Recommendations for Parents and Speech Therapists**

Based on the previous discussions results and conclusions and in light of the study it is very crucial and initial to propose the following recommendations and tips for parents in order to make the most of their children's strengths and cope with their adversity of language delay.

- ❖ Since the present study analyzed the causes and symptoms of language delay in preschool children, we need to recommend for conducting further researches dealing with other problems concerning psycholinguistics' field such as: learning disabilities in school, autism, hearing loss, stuttering, children self-centrism, attention disorders,...etc.
- ❖ Parents must be patient, especially if the problem is inherited. Because the child needs a lot of time to overcome his areas of weakness and develop a wide range of social cognitive, and most crucially, linguistic skills.
- ❖ Since early intervention seeks to be the key endeavor to obtain effective outcomes, parents must be more aware of early treatment and screening of their children at highest track level in order to facilitate the speech therapy practices. Because speech-language treatment takes a lot of time.

- ❖ To safeguard their child's foundational communication abilities, parents must take care of their own physical, emotional, and nutritional health.
- ❖ Public speech therapy training centers should provide a wide range of created materials, sources, and specialized services. Children are likely to be enthusiastic to attend speech therapy sessions since they find it pleasant and amusing.
- ❖ Parents should be on the lookout for any changes in their child's cognitive, behavioral, physical, or linguistic characteristics. Because the more information they have about them, the more protection they can give them against the possibility of inadequate treatment for such anomalies.
- ❖ Parents should be on the lookout for any changes in their child's cognitive, behavioral, physical, or linguistic characteristics. Because the more information they have about them, the more protection they can give them against the possibility of inadequate treatment for such anomalies.
- ❖ Speech-language therapists must be more innovative and adaptable in how they apply speech therapy technology, because the use of conventional gadgets can make speech therapy sessions boring for children. Therefore, encouraging children with different needs will help them learn new skills and speed up the speech-language therapy process.
- ❖ the speech-language therapists insist on what parents should do and what they should avoid doing by promoting them by a list of tips and advices, which may be considered as an effective process to enrich the speech therapy at home.
- ❖ Parents must be understanding and tolerant since children with language delays are inexperienced and require the highest levels of emotional support and more guidance because they are unaware of their odd behaviors. Parents should avoid making

comparisons between their child and other kids as well as condemning him for his inability to utilize language and speech in the proper order and sequence.

- ❖ High levels of communication, the development of a caring and supportive home environment, and open conversations are likely to encourage children to share thoughts. Hence, children's opinions are appreciated and cherished.
- ❖ Children who are not supported while speaking may become frustrated, perplexed, and anxious, which will probably prevent them from speaking the next time.
- ❖ Parents can demonstrate to their children that they value what they are trying to communicate by simply listening to them. Children are therefore likely to have a good sense of self-worth and sound self-confidence.
- ❖ Observing the child's body language, eye contact, gestures, and facial expressions to determine whether the toddler participates in story-telling and receives feedback from his parents' conversations.
- ❖ Parents must give both infancy and preschool a significant deal of attention and care, as the critical stages of a child's intellectual and language development.
- ❖ Children require encouragement and involvement in play and their experiences, as well as the chance to develop their gifts and find happiness and comfort while appreciating their mental resources.
- ❖ Because language delays and disorders can negatively impact all of a child's learning domains, including speaking and listening and poor achievement for their school stage, it's crucial to effectively develop their fundamental communication skills. For example, you can encourage them through singing or play role-playing games with them to help them build relationships and share ideas.
- ❖ Parents should give their children plenty of time to respond fully and avoid interrupting them even when their language sounds awkward. Simple language and requests can

also assist the kid figure out what he wants to say or reply. Consequently, both receptive and expressive language abilities were successfully acquired.

### **III.5. Limitations of the Study**

In conducting our study, we faced a number of limitations some of them we identified as follow:

- ❖ The lack of resources and the challenges involved in data collection.
- ❖ Since the current study of the cases was conducted at an Algerian public speech therapy center, it was difficult to transfer data from the Algerian dialect to the English language, especially when it came to medical terms.
- ❖ The largest problem was time because most parents did not attend therapy sessions regularly and did not want to wait around for a long period to answer the questionnaire.
- ❖ Most parents refused answering some questions and runaway from the validity of responses.
- ❖ The discrepancy between the information provided by the parents and what the speech therapist highlighted caused us data analysis issues.
- ❖ Due to the few years of the speech therapists working experience, we could not afford much opportunity to reap extra information about the speech therapy world much more.



**III.6. Conclusion**

In this chapter of our research, we discussed findings from the analyses of the parent's questionnaire and the speech-language therapist's interview. We concluded that language delay is a disorder that needs such awareness among parents in order to treat their children under the intervention and the guidance of a speech-language pathologist. Moreover, parents should pay more attention to the language development skills of their children. As we have shown how parents can make a preemptive diagnosis about the abnormal signs of children language. as we finished this chapter by giving some recommendations and advice to parents, as well as listing the main limitations of the study.

# ***General Conclusion***

This research paper is an endeavor to shed the light on a noteworthy category of children, it addresses language delay as a communicative disorder that has an impact on children's social life within the obstacles that face this category, we have chosen this topic since language delay is classified as the most common one at the moment in our community. Language delay affects the child's social life and language skills. Within the communication problem, by this study, we have attempted to investigate this disorder symptoms, how it influences the children's language skills, within the main causes of language delay, common difficulties often faced by children with language delay, and how to treat them with various types of treatment, in addition to the role of parents in healing their children.

It is essential to look back that our study was done at the Hospital of Mental Diseases and Al-Amal Association in Tiaret. A total number of two speech-language therapists were interviewed. And forty parents of children with language delay were given a questionnaire to answer.

The results have shown that, language delay has an impact on children's language skills and social life, it causes lack in communication in contrary to normal children, parental awareness as mandatory for this disorder within the early intervention for patient to recovers quickly in a short period. This disorder minimizes the child's language skills and abilities. S/he is impotent (or incapable) to communicate with others like his/her peers, once the disorder of language delay is diagnosed, intervention is compulsory.

Moreover, the study admit that in treating children with language delay, patience is mandatory, because in some cases s/he rejects you , speech-language therapists must form a relationship with the child, by playing, passion and positive things, besides this the therapy aims at enhancing the child's language skills, self-confidence, and communication, build a relationship between parents and their children, through playing with his/her peers. Language intervention strategy is the most effective approach that psychologist and speech-language therapists use in treating children with language delay.

Likewise, the previous results also advocate the hypothesis that language delay in children is a problem which can be permanently fixed by the interventions of speech-language therapist. While the hypotheses that speech-language therapist use several strategies in treating children with language delay is not fully confirmed since therapists

use one strategy with different ways and tools in addressing the problem of language delay in children.

The study admits that cooperation between parents and therapists is required for the well-being of children with language delay. Furthermore, the parental collaboration in the treatment process is recommended since it has a significant role and positive outcome in the language delay child's success, therefore parents play important role in treating their children within developing their language skills and self-confidence.

# ***Bibliography***

- Akmajian, A. Demers, R. farmer, A. & Harnish, R. (1995, p 456). Linguistic: an Introduction to Language and Communication. The MIT press.
- American Psychiatric Association. (1994).Diagnostic and Statistical Manual of Mental disorders, 4th edition . Washington, D.C :American Psychiatric Press.
- American Speech-Language-Hearing Association. (1993). Definitions Of Communication Disorders and Variations [Relevant Paper]
- Baltimore (2006). Neurological disorders. Switzerland.
- Best,J.&Khan J.(2006).Research in Education. New Jersey : Prentice Hall, Inc.
- Byrne ,M.(2001).Interviewing as a data collection method. AORN Journal, 74(2), 233-235
- Cleek .A. &Richardson.A (1988). LANGUAGE DELAY IN THE CHILD. North California.
- Compbell.T, F. (2003). Risk factors of speech delay unknown origin in tree year old children.
- Corbalis.M. (2002). from hand to month: the origins of language.
- Crago. M. (2010). Dual language development and disorders.
- Crago. M. (2010). DUAL LANGUAGE DEVELOPMENT DISORDERS.
- Crystal, D. (1985, p5). A dictionary of linguistics and phonetics. Oxford: Basil Black. Cambridge: Cambridge university press.
- Crystal. D. (2006). HOW LANGUAGE WORKS.
- Edited by Paul Fletcher and Michael Garman. Department of linguistic science, university of reading (language acquisition 2<sup>nd</sup> edition)
- Feldman.H. (2005). Evaluation and management of language and speech disorders in preschool children. American academy of pediatrics.

- Freebrain.L. (2006). The genetic bases of speech sound disorders. American's speech and language association.
- Grover J, Janet E, Christopher J, Marta C, David S, and Smith M. (August-1991). Treatment of early expressive language delay: If, when, and how.
- Harrison.L. (2010). My speech problem, your listening problem, and my frustration: the experience of living with childhood speech impairment. Charles start university, Australia.
- Hebebrand J, Schulte-Körne G. Sprachentwicklung, *Sprech- und Sprachstörungen* (Language development, speech and language disorders. Z Kinder Jugendpsychiatr Psychother. 2009 Jul; 37(4) P 347-9.
- Indrawati (2013) Language Acquisition by the Children. A Thesis Submitted to the Faculty of Letters Hasanuddin University in Partial Fulfillment to Obtain Sarjana Degree in English Department Faculty of Hasanuddin University MAKASSAR.
- Ingram, E. (1989, p 39). First language acquisition: Method, description and explanation.
- Julie. A. (2009). TYPES OF ARTICULATION ERRORS.
- Kumin.L. (2000). DEVELOPMENTAL APRAXIAOF SPEECH. Loyola College in Maryland.
- Law J, Garrett Z and Nye C. (2004). The Efficacy of Treatment for Children With Developmental Speech and Language Delay/Disorder A Meta-Analysis.
- Law J, Garrett Z, Nye C. (2003). Speech and language therapy interventions for children with primary speech and language delay or disorder (Review).
- Lee.W, c. Language comprehension and production. University of Massachissetts: Wayne state university.

- Leiwis.B. (2008). The role of genetics in speech, language and reading disorders among children. Scwibert center for child studies.
- Lyytinen (1990). what is an articulation disorders? Virginia.
- Pammsouw. (2006). SOCIAL AND EMOTIONAL DEVELOPMENT OF CHILDREN .California child care health program.
- Patton,M.Q.(1999).Grand Canyon Cekbration : A Father-Sonjourney of Discovery Amherst, NY :Prometheus Books.
- Rachel, R. felicity, T. (ND, p 9). 2<sup>nd</sup> Language Development. Cambridge University press.
- Richardson.A, K. (1988). Language delay in the child. Philadelphia.
- Robert.J. (2009). Cognitive psychology. State university of Oklahoma.
- Rohde.S. (2015). Courage kenya kids. Allinia Health, courage Kiny rehabilitation institute.
- Shelov.S. (1998). DEVELOPMENT MELSTONES. American Academy of Padiatrics.
- Thomas.C, M. (2006). Language acquisition in developmental disorders. School of psychology,birkbek, college, London.
- Vagi.S. (2004). EARLY RISK FACTORS FOR PRESCHOOL SPEECH AND LANGUAGE IMPAREMENT. Chicago.



# ***Appendices***

## Appendix 1: Parents' questionnaire

Within the framework of completing a master's dissertation entitled "Language- Speech therapy of Language Delay among Children", We put in your hands this questionnaire, asking you to kindly answer all its questions accurately and objectively, in the circle that agrees with your opinion, by putting a mark (X) . Note that our information will be used for scientific purposes only.

1. Gender:
  - Male.
  - Female.
2. Age: .....
3. Occupation: .....
4. Has your child ever had language evaluation before?
  - Yes.
  - No
5. In comparison to his peers you child's language is:
  - weak
  - Very weak.
  - Extremely weak.
6. When did you first notice this problem?
  - Before his/her first year.
  - After his/her first year.
  - After his/her second year.
7. Is there a history of language delay in your family?
  - Yes.
  - No.
  - Distant relatives' history.
8. What concerns you about your child's language?
  - Difficulties in understanding.
  - Difficulties in sharing thoughts and ideas.
  - Difficulties in expressing their feelings.
  - Difficulties in using language
9. When did your child say his/her first word?
  - After 12 months.

- After 18 months.
- By the age of 24 months.
- After 24 months.

10. Does your child use sounds or words to get attention or help?

- Always
- Sometimes.
- Often.
- Hardly

11. Is your child difficult to discipline?

- No problem.
- Sometimes.
- Always.

12. What is your child's favorite play activity?

.....

13. How does your child get along with other children?

- S/he is normal with other children.
- S/he does not appreciate the existence of other children.
- s/he is extremely shy when around other children

14. What type of augmentative communication system does your child use?

- Signs.
- Pictures.
- Symbols.
- Others.....

## **Appendix 2: Speech-language therapists' interview**

### **Background information:**

- 1- Official job:**
- 2- Place of employment:**
- 3- Date of interview:**
- 4- Gender:**
- 5- Work experience:**
- 6- Age:**

**Question 01:** what is the average age of patients that consult you?

**Question 02:** which gender do they most frequently belong to?

**Question 03:** How do patients come to you?

**Question 04:** Are children with language delay diagnosed alone or with their parents?

**Question 05:** What behavior is observed on the child when consulting?

**Question 06:** what are the key developmental observations that you can do it during a quick office visit?

**Question 07:** what kind of sources that you consult to determine the disorder's type?

**Question 08:** What is your immediate reaction that you perform when you encounter problems with a patient (for instance, s/he rejects you)?

**Question 09:** Do all patients are punctual to the appointments?

**Question 10:** As a therapist how can you distinguish the language delay?

**Question 11:** What are the main causes of language delay?

**Question 12:** Do you consider being a twin is an appropriate reason to be a language child?

**Question 13:** Is language delay a disorder?

**Question 14:** What are the common features of language delay?

**Question 15:** What are the common difficulties often faced by those who suffer from language delay?

**Question 16:** Which interventions are suitable for children with language delay?

**Question 17:** what are the various types of treatment suggested?

**Question 18:** In what ways can parents assist with the healing process?

**Question 19:** where does the therapy take place?

**Question 20:** how does the treatment affect the toddler's social life before, during, and after?

**Question 21:** how long does the therapy take place?

**Question 22:** Can language delay be treated permanently?

أعزائي الاولياء :

في إطار إنجاز مذكرة ماستر تحت عنوان " علاج اللغة والكلام لتأخر اللغة عند الاطفال " ،نضع بين أيديكم هذا الاستبيان، راجين منكم التفضل بالإجابة على جميع فقراته بدقة وموضوعية، في الدائرة التي تتفق مع رأيكم، وذلك بوضع علامة (١) علم أن معلوماتكم ستستخدم لأغراض علمية فقط .

1. الجنس:

ذكر.

انثى.

2. العمر: .....

3. المهنة: .....

4. هل خضع طفلك لتقييم لغة من قبل ؟

نعم.

لا.

5. بالمقارنة مع أقرانه لغة طفلك تعتبر ؟

ضعيفة.

جد ضعيفة.

ضعيفة للغاية .

6. متى لاحظت هذه المشكلة لأول مرة.

قبل سنته الاولى

بعد سنة و نصف

بعد عمر سنتين

7. هل هنالك تاريخ لتأخر اللغة في عائلتك.

نعم

لا

اقارب بعيدة

8. ما الذي يقلقك بشأن لغة طفلك

صعوبة الفهم

صعوبة مشاركة الافكار

صعوبة التعبير عن مشاعرهم

صعوبة استخدام اللغة

9. متى قال طفلك كلمته الاولى

بعد 12 شهرا.

بعد 18 شهرا.

في عمر 24 شهرا.

بعد 24 شهرا.

10. - هل يستخدم طفلك الأصوات أو الكلمات لجذب الانتباه أو المساعدة

دائما

○ احيانا .

○ غالبا.

○ نادرا.

11. هل من الصعب تربية طفلك

○ لا يوجد صعوبة

○ في بعض الاحيان

○ نعم من الصعب جدا تعامل معه

12. ما هو نشاط اللعب المفضل لطفلك

.....

13. كيف يتعايش طفلك مع الاطفال الاخرين؟

○ لا يحب تواجد اطفال اخرين حوله

○ خجول للغاية عند وجود اطفال آخرين

○ تصرفه عادي مع الاطفال الاخرين

- ما هو نوع نظام الاتصال المعزز الذي يستخدمه طفلك؟

○ العلامات .

○ الصور.

○ الرموز.

○ اخرى .....

## مقابلة معالجي النطق واللغة

### معلومات اساسية

1. الوظيفة الرسمية
2. مكان العمل
3. تاريخ المقابلة
4. الجنس
5. خبرة العمل
6. العمر

السؤال 01: ما هو متوسط عمر المرضى الذين يستشيرونك؟

السؤال 02: ما هو الجنس الذي ينتمون إليه في أغلب الأحيان؟

السؤال 03: كيف يأتي المرضى إليك؟

السؤال 04: هل يتم تشخيص الأطفال الذين يعانون من تأخر لغوي بمفردهم أم مع والديهم؟

السؤال 05: ما هو السلوك الذي يلاحظ على الطفل عند الاستشارة؟

السؤال 06: ما هي الملاحظات التنموية الأساسية التي يمكنك القيام بها خلال زيارة مكتبية سريعة؟

السؤال 07: ما نوع المصادر التي تستشيرها لتحديد نوع الاضطراب؟

السؤال 08: ما هو رد فعلك الفوري الذي تقوم به عندما تواجه مشاكل مع مريض (على سبيل المثال ، يرفضك)؟

السؤال 09: هل يلتزم جميع المرضى بالمواعيد؟

السؤال 10: بصفتك معالجًا كيف يمكنك تمييز تأخر اللغة؟

السؤال 11: ما هي الأسباب الرئيسية لتأخر اللغة؟

السؤال 12: هل تعتبر أن كونك توأمًا هو سبب مناسب لتكون طفلًا لغويًا؟

السؤال 13: هل تأخر اللغة اضطراب؟

السؤال 14: ما هي السمات المشتركة لتأخر اللغة؟

السؤال 15: ما هي الصعوبات الشائعة التي غالباً ما يواجهها أولئك الذين يعانون من تأخر اللغة؟

السؤال 16: ما هي التدخلات المناسبة للأطفال الذين يعانون من تأخر لغوي؟

السؤال 17: ما هي أنواع العلاج المختلفة المقترحة؟

السؤال 18: ما هي الطرق التي يمكن للوالدين أن يساعدوا بها في عملية الشفاء؟

السؤال 19: أين يتم العلاج؟

السؤال 20: كيف يؤثر العلاج على الحياة الاجتماعية للطفل قبل وأثناء وبعد؟



السؤال 21: ما هي مدة العلاج؟

السؤال 22: هل يمكن معالجة تأخير اللغة بشكل دائم؟

## ملخص

يعد تأخر اللغة من أكثر مشكلات النمو شيوعا حيث تتعرض المعالم المعرفية و الاجتماعية واللغوية... للخطر مما يجعله يحتاج إلى رعاية وعناية خاصة وعلاج محدد متبع من معالجين اللغة الكلام بحيث يكون هذا الأخير مختلف من طفل الى طفل آخر إذ الدراسة الحالية لها أهداف كعلاج تاخر اللغة وإظهار استراتيجية خاصة و معرفة ألي اى مدى يمكن معالجة هذه الظاهرة معتمدين في ذلك على عينات من مستشفى الامراض النفسية و جمعية الأمل للاطفال المصابين بالتوحد و التريزوميا بمدينة تيارت مستنتجين أن التشخيص المبكر أنجع حل.

**الكلمات الرئيسية:** تأخير اللغة، معالجي اللغة الكلام، العلاج، التشخيص المبكر.

## Summary

Language delay is one of the most common developmental problems when the child's cognitive, social and linguistic milestones are exposed to danger, which makes him need special care and attention and specific treatment followed by speech therapists, so that the latter is different from child to another, as the current study has objectives such as treating language delay, demonstrating a special strategy, and knowing the extent to which this phenomenon can be addressed, relying on samples from the Hospital of Mental Diseases and Al-Amal Association for Children with Autism and Trisomy. Concluding that early diagnosis is the most effective solution.

**Key Words:** Language Delay, Speech Therapists, Early Diagnosis.

## Résumé

Le retard de langage est l'un des problèmes de développement les plus courants lorsque les jalons cognitifs, sociaux et linguistique de enfants sont exposés à un danger, ce qui lui impose des soins et une attention particuliers et un traitement spécifique suivi par des orthophonistes, afin que ce dernier soit différent d'un enfant. A un autre enfant, car l'étude actuelle a des objectifs tels que traiter le retard de langage, démonter une stratégie spatiale et savoir dans quelle mesure ce phénomène peut être traité, en s'appuyant sur des échantillons de l'hôpital psychiatrique et de l'association Al-Amel pour les enfants autistes et trisomie, à la ville de Tiaret. Concluant qu'un diagnostic précoce est la solution la plus efficace.

**Mots clés :** Retard De Langage, Orthophonistes, Traitement, Diagnostic Précoce.