Language Development in Children with Autism

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April 3, 2014

Cognitive Language and Development

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Assignment 2D

For this literature review, the focus of my language development topic was language development in children with autism spectrum disorder (ASD). The literature that was focused on for this assignment deals with defining spoken language benchmarks for children with ASD, the assessments done for these individuals, as well as addressing echolalia and how to decrease it in the language development of children with autism.

The first piece of literature discusses the topic of defining spoken language benchmarks for young children with autism. The group that completed this research worked for eighteen months with young children who had autism to come up with the results of this study. The reason for this study was to determine a way to measure language development in children with autism, because it is not possible to compare language outcomes across reports, because there is a lack of uniform measurement approaches due to the wide variety of language development in children with autism. The researchers did this study to offer an alternative framework for describing spoken language acquisition in children with ASD.

To begin with, the research group stated that language sample for children with autism should come from three main sources. These are natural language samples, parent reports, and direct standardized assessments (Cooper, 2009). Natural language samples are language samples that are collected in a variety of different communicative contexts. These samples provide excellent measures of the child’s expressive, phonological, and pragmatic skills. The last skill, pragmatics, is much harder to measure in any other type of assessment. This type of sample can be gathered during mother-child interaction, or clinician-child interaction. Natural language samples will typically be 30 minutes in length, and these 30 minutes may need to be taken over a period of smaller sessions. The second type of source that should be used is parent reports. These types of reports are beneficial because they can provide information about a child that may not be observed in a clinical setting. There are tests that can be completed by the parents at home to assess a child’s expressive vocabulary and grammatical knowledge between the ages of 8 to 42 months (Cooper, 2009). There are some concerns that parents will either under report or over report their child, but this is not the case. Parent reports have been identified as valid assessments of young children’s language development. The third and final type of report that the research team found most useful is the use of direct assessments and standardized tests. Standardized tests can be used to assess expressive language skills in phonological, lexical, grammatical, and pragmatic domains of language (Cooper, 2009).The only thing to remember with this is that few standardized tests provide opportunities for assessing language skill aside from basic naming ability in children younger than 24 months of age (Cooper, 2009).

To conclude this study, the research group then lays out a framework for a language assessment for children with autism. This framework is laid out in five phases. Phase 1 is preverbal communication, and children in this phase communicate through vocal and gestural means. This phase covers the age range of 6-12 months. Phase 2 is the first word stage. Children in this phase use spontaneous single words to communicate about objects or events. Some of their speech is intelligible, and their speech is used for a variety of different purposes. The age range for this phase is 12-18 months. Phase 3 is word combinations. Children in this stage have a vocabulary that is expanding, and it includes a variety of parts of speech. Two to three word sentences cam be used for communication and the age range for this is 18-30 months. Phase 4 is sentences. Children in this phase combine words into sentences, and their vocabulary is large. The age range for this is 30-48 months. The last phase, phase 5, is complex language. This phase has children creating complex sentences with their ever growing vocabulary. The age range for this is by the end of preschool years. These phases are used to determine the language development of a child with autism (Cooper, 2009).

The second article that is being addressed in this literature review discusses with strategies that can be used to help decrease echolalia in children with autism. Echolalia is when an individual automatically repeats what was said vocally by an individual. The occurrence of echolalia in children with autism can disrupt the development of their language. This research article focuses on a cue-pause-point method to help lessen the occurrence of echolalia. Children may engage in high rates of echolalia during language training because it is unclear which vocalizations produced by the instructor should be echoed (Conine & Valentino 2012). For echoic training, individuals teaching children with autism to include an instruction such as the word “say” in an attempt to teach the child to repeat the words following the word say, and not to include the word “say.” So if the instructor says, “say, boat,” the child will repeat back “boat” and not “say boat” (Conine & Valentino 2012). The main strategy that the researchers found to be effective was the cue-pause-point strategy. This procedure utilized a finger cue, a pause after the instructions were given, a point prompt, the verbal stimulus “shh” or “no” if echolalia occurred, and then positive reinforcement. This strategy proved to be the most effective way to help decrease the occurrence of echolalia in children with autism as they were being instructed in language development (Conine & Valentino 2012).

The third journal article that is being used for this literature review has to deal with language assessment and development in toddlers with autism spectrum disorder. This study dealt with toddlers and their early language development, and the researchers also investigated the language development of toddlers with autism to identify early signs in their expressive and receptive language. As mentioned in the previous journals, the two main approaches to the measurement of early language skills in children with ASD are standardized tests, and parent reports (Luyster, 2008). The article reports criticism in both of these approaches. The criticisms of the standardized tests are that they often test skills that are too advanced for the child being assessed. The criticisms of parent report are that the parents will either over estimate their child’s language development (Luyster, 2008). However, as stated in the journals mentioned before, both of these approaches offer a valid assessment, and are effective for determining language development.

The study found that both receptive and expressive languages were significantly correlated with the range of general and social cognitive variables and motor skills, and that the best predicators for both receptive and expressive language were gesture use and non-verbal cognitive ability (Luyster, 2008). To conclude the study, the researchers found that parent report and direct standardized assessments of early language in toddlers with ASD showed strong agreement with each other, particularly with expressive language. Non-verbal cognitive ability and gesture use proved to be the most consistent and robust predictors of language development. The development of spoken language should be viewed from a broader set of social cognitive skills that are linked with the emergence of language in young children with ASD (Luyster, 2008).

The last two informative sources that are referenced for this literature review come from online sites from the American Speech-Language-Hearing Association, and from the National Institute on Deafness and Other Communication Disorders (NIDCD). The NIDCD discusses language development in individuals with autism, and patterns of language development that may occur in an individual who has autism.

An individual with autism may have repetitive or rigid language, often repeating things that he or she may have heard. Echolalia can also occur, which is when a child repeats words that he or she has heard, over and over again. Echolalia can be classified as either immediate echolalia or delayed echolalia. Children with autism may also have uneven language development, as well as poor nonverbal conversation skills. These nonverbal conversation skills can be eye contact, or other gestures that would normally occur in speech development. In the article from the American Speech-Language-Hearing Association by Patricia Prelock, she goes over ways to help individuals with autism through early intervention, intensive instruction, and individualized objectives (Prelock, 2001).

Overall, autism is a disorder that does not have one set of characteristics when it comes to language development. Through these studies, information has been gathered and published to better assist teachers, parents, and other professionals who work with these individuals. Having the knowledge of the development of language in children with autism can lead to better strategies and programs put in place for the most effective learning possible.

References

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