Speech, Language and Communication Needs in Adolescence

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Introduction

Every child and adolescent requires good skills in speech, language and communication to achieve their potential academically and socially.

They use speech, language and communication skills on a daily basis to:

- interact appropriately with peers and other adults.
- express their opinions.
- clarify information.
- understand instructions and messages.
- read and fill out forms (paper and online).
- learn new information.
- read and understand books.
- tell and understand stories and jokes.
- send and receive e-mails, letters and texts.

This list is by no means exhaustive. Speech, language and communication are the foundation and building blocks for basic literacy and numeracy skills and are integral to understanding, learning and achievement in all curriculum subjects.

Many people associate the speech and language development process with younger children but language and communication development continues throughout adolescence and into adulthood (Nippold, 2007). Good language and literacy skills are predictive of later academic and other attainments. There is a growing body of research which has identified students with behavioural difficulties as having undetected speech, language or communication needs. Speech, language and communication needs in adolescents are associated with poor academic performance, social and emotional difficulties and poor peer relationships.

This leaflet provides information for Principals, teachers and other school staff who work with adolescents on the importance of speech, language and communication in adolescence.
What is Speech and Language Therapy?

Speech and language therapy is concerned with the management of disorders of speech, language, communication and swallowing in children and adults.

- Speech and language therapists (SLTs) are allied health professionals.
- SLTs work collaboratively with individuals, parents, teachers, Special Needs Assistants (SNAs), Occupational Therapists (OTs) and other relevant professionals.
- The aim of SLT is to provide holistic, client centred management of speech, language and communication needs which reduces the impact of those needs on the well-being of individuals and their ability to participate in everyday life.

What is the Role of the Speech and Language Therapist in Schools?

Speech and Language Therapists (SLTs) provide assessment, diagnosis, intervention and management of speech, language and communication needs. SLTs work with both individuals and small groups.

The focus of SLT is to develop and maximise student’s speech, language and communication abilities (see Table 1) to support learning and socialization, within an appropriate context relevant to the individuals everyday life.

SLTs work collaboratively with teachers/SNAs/learning support staff /OT in order to maximise successful communication and learning. Their joint focus is to adapt the physical, social, sensory and linguistic components in an individual’s environment and reduce the resulting demands that are placed on the individual.
Table 1: What are ‘Speech’, ‘Language’ and ‘Communication’?

<table>
<thead>
<tr>
<th>Speaking clearly and fluently without too many hesitations.</th>
<th>Having a range of appropriate vocabulary to support subject specific learning.</th>
<th>Knowing how to adapt communication style to suit the situation and audience.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaking with a clear voice, using pitch, tone, volume and intonation to express meaning.</td>
<td>Having organised sentences and narratives to demonstrate understanding and express views.</td>
<td>Following non-verbal rules of communication, listening, taking conversational turns.</td>
</tr>
<tr>
<td>Correctly producing speech sounds.</td>
<td>Understanding instructions from teaching staff.</td>
<td>Using language to persuade, negotiate, predict and account for consequences.</td>
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<tr>
<td>Using speech to clearly convey an argument or message.</td>
<td>Having emotional language to support emotional literacy.</td>
<td>Using language to enable conflict resolution and collaboration.</td>
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<td></td>
<td>Using verbal reasoning to analyse information and learning.</td>
<td>Using augmentative and alternative forms of communication where words are difficult.</td>
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<td></td>
<td>Being able to retrieve (say) a word with speed, clarity and accuracy.</td>
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</table>

* It is important to note that each component of speech, language and communication can interact with each other. A problem with grammar or word retrieval may present as a lack of fluency.
What are Speech and Language and Communication Needs?

**Terminology:**

There is huge variability in the terms used to describe difficulties with speech, language and communication (Paul, 2007) in part because they often occur in the presence of other noticeable difficulties.

The term most widely used to describe children and young people with difficulties with speech, language or communication is **Speech, Language and Communication Needs (SLCN)**. SLCN is an umbrella term which encompasses multiple different profiles of young people. It includes students with SLCN secondary to a general learning difficulty, Autism Spectrum Disorder, Cerebral Palsy, etc. as well as those students with a specific speech and language impairment as their primary difficulty (see Table 2).

<table>
<thead>
<tr>
<th>TABLE 2 – SLCN is associated with:</th>
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<tbody>
<tr>
<td>Specific Speech and Language Impairment (SSLI)</td>
<td>Sensory impairment (hearing, visual or multi-sensory)</td>
</tr>
<tr>
<td>General learning difficulty (mild, moderate, severe, profound)</td>
<td>Cerebral palsy</td>
</tr>
<tr>
<td>Attention Deficit Hyperactivity Disorder (ADHD) /Attention</td>
<td>Autistic Spectrum Disorder (ASD)</td>
</tr>
<tr>
<td>Syndromes (Down’s Syndrome, Williams Syndrome, Worcester-Drought)</td>
<td>Dyslexia</td>
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</table>
**Causes and Correlates:**

The cause of SLCN is sometimes clear e.g. neurological impairment, intellectual impairment, hearing impairment, cleft palate or severe social deprivation impacting on language acquisition and development. More often there is often no identifiable cause.

Specific Speech and Language Impairment refers to students who have difficulties with understanding and/or expressing themselves through speech and language as their primary difficulty. These students often present with co-occurring difficulties (behaviour, social, emotional, sensory, or physical).

**Variability and Risk Factors:**

Each adolescent with SLCN will have a different profile of needs. Language and communication do not develop in isolation but are influenced by a myriad of factors (personal, social, behavioural, educational opportunities, etc). It is important to look at the individual and the difficulties they have as well as their respective environments and how they participate in those environments.

**Social Disadvantage:** There is a growing evidence base identifying social disadvantage as a risk factor for SLCN (Sage, 2005; Stringer, 2006; Locke, Ginsburg & Peers, 2002). Students from areas of social deprivation are at risk of less language input from an early age, poor language and communication modelling within their environment, lack of language stimulation (including shared reading and conversation/interaction) and multiple familial stresses (financial and social). These may or may not impact on student’s development of speech, language and communication.

**Gender:** Significantly more boys than girls present with SLCN (approximately 3:1).
Why are Speech and Language and Communication Important for Adolescents?

1. **Speech, Language and Communication are Life Long Skills**

   Good communication skills are integral to all aspects of a student’s development not only in school but also in the workplace and the wider community. This includes learning, emotional development and socialising. Adolescents need effective speech, language and communication skills in order to have a wide range of life choices.

2. **Language Development continues throughout Adolescence**

   Despite the common belief that by adolescence the brain has completed most of its growth, there is a wealth of research identifying huge amounts of activity, pruning, growth and development in the adolescent brain, this includes language and communication (Nippold, 2007).

   Language continues to develop throughout adolescence. Key to that development is wide reading, social experiences (Reed, 2005) and exposure to education (Locke & Bogin, 2006).

   Poor oral language skills are significantly linked to poor literacy (Snowling, 2005). SLCN is linked to poor peer relationships and poor social emotional well-being (Brinton & Fujiki, 1996). Therefore young people with SLCN may struggle significantly to develop a sophisticated language in adolescence without appropriate intervention and support.
Table 3: Typical Language Development in Adolescence

<table>
<thead>
<tr>
<th>Aspect</th>
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<tbody>
<tr>
<td>• Complex verbal reasoning (problem solving).</td>
</tr>
<tr>
<td>• Learning new and complex vocabulary.</td>
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<tr>
<td>• Understanding increasingly more complex instruction words (explain, describe, find themes, estimate, research).</td>
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<tr>
<td>• Understanding and using figurative language (jokes, idioms).</td>
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<tr>
<td>• Understanding inferences.</td>
</tr>
<tr>
<td>• Telling more involved stories – Having well structured (beginning, middle, end) narratives, creating or developing characters throughout the story, using interesting language, having the ability to tell stories within stories.</td>
</tr>
<tr>
<td>• Using and understanding increasingly complex conjunctions to create longer, more complex sentences (and, but, because..., even though, similarly, provided that).</td>
</tr>
<tr>
<td>• Using increasingly sophisticated social communication skills – Understanding others point of view, negotiating, verbal arguing, using different styles (formal/informal) of communication, keeping on topic and changing topic appropriately.</td>
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</tbody>
</table>

3. **Language is the medium through which the curriculum is taught**

Language is fundamental for, participation in and access to, the majority of the school life. At post-primary the language demands of the classroom increase significantly.

• Oral language skills significantly impact many aspects of written language (e.g. story-telling, understanding language in books) through which students learn and are assessed (written tests).

• There is an increasing amount of figurative language in curriculum texts.

**EXAMPLE 1** (Idioms): English Text

‘She was as white as a sheet’
Student: ‘Is she wearing a sheet?’

‘He kicked the bucket’
Student: What bucket did he kick?

**EXAMPLE 2** (Multiple Meaning Words): Science

Text: A magnetic **field** is the space around a magnet where a magnetic **force** can be detected

Student: Why is the magnet in a field?
• 37% of teacher instructions contain expressions with multiple or non-literal meanings, 20% of that being idioms e.g. it was raining cats and dogs.

**EXAMPLE 3**
(Idioms): Teacher Instruction

*Teacher: You’re skating on thin ice young man.*

*Student: There is no ice Sir?*

**EXAMPLE 4**
(Non-Literal Meaning): Teacher Instruction

*Teacher: I want you to all go on with your work.*

*Student: Where do you want us to go?*

• At post primary level there is an increasing emphasis on independent study and learning. Language is used to plan, sequence, organise and problem solve; all integral to independent study.

• In adolescence, social interactions become more complex and sophisticated - negotiating norms, status and trust, using slang and jargon.

• Adolescents are increasingly expected to become more independent - texting, e-mailing, writing down homework, ordering food, arranging train travel, making appointments, for all of which language is integral.

### 4. Language and Communication are linked to Social, Emotional and Behavioural Difficulties in Adolescence

Between 50-80% of young people with social, emotional and behavioural difficulties have undetected speech, language or communication needs (Cohen et al. 1998, Bryan et al, 2007). That means that over half of the students you work with may have unidentified difficulties expressing themselves, understanding what you say and interacting appropriately with peers and adults.

Who am I?

Where did I come from?

Where am I going?
Many studies have investigated the prevalence of undetected SLCN in different populations, outlining the potential negative impact of SLCN on an adolescent’s life trajectory and choices:

- 74% of students with identified social, emotional and behavioural disorders (including ADHD) (Stringer & Lozano 2007).
- 66% of excluded males (Clegg et al, 2009).
- 46-67% of youth offenders (Bryan et al, 2007).
Identifying Speech and Language and Communication Needs in the Classroom

Speech, language and communication needs are **not always easily recognised**. There may be no overt physical manifestations of a specific speech and language impairment. Consequently many adolescents may have an undetected or hidden difficulty with language and communication.

**WHY?**

- Difficulties with understanding and processing language and information can often be **hidden by a student who has good expressive language skills**.

- Children and adolescents will often **develop compensatory strategies** (such as responding using learned phrases, always agreeing/disagreeing with their conversation partner, remaining silent) to hide their language difficulties.

- Poor **pragmatic skills** (poor understanding of turn taking in conversation, interrupting and talking over people) are often **viewed/labelled as disruptive or poor behaviour**. (Stringer & Clegg in Clegg & Ginsburg 2006)

- Children can often cope with their SLCN in the relatively organised daily structure of primary school. However, the social and academic expectations and demands of post-primary school are significantly higher and can serve to highlight students SLCN. This occurs for students who may have had intervention at primary level and those that have never had identified SLCN (Larson & McKinley, 2003).
The following chart (based on ‘Sentence Trouble - Signs of Communication Needs’— The Communication Trust) illustrates the ‘hidden nature’ of SLCN for adolescents and identifies typical behaviours a teenager with SLCN might have in a typical day.

<table>
<thead>
<tr>
<th>POOR UNDERSTANDING</th>
<th>POOR SOCIAL AND COMMUNICATION SKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Cannot follow instructions correctly, remembers the last thing you told them or looks blank.</td>
<td>• Overreacts to jokes or sarcasm.</td>
</tr>
<tr>
<td>• Consistently breaks the rules despite being reminded numerous times by staff.</td>
<td>• Becomes angry for unknown reasons.</td>
</tr>
<tr>
<td>• Poor understanding of sanctions, feels they are being treated unfairly.</td>
<td>• Very quiet, doesn’t speak in groups.</td>
</tr>
<tr>
<td>• Unable to summarise written text.</td>
<td>• Pretends to laugh and join in but cannot explain details of stories or why a joke was funny.</td>
</tr>
<tr>
<td></td>
<td>• Avoids/doesn’t contribute to group situations and conversations.</td>
</tr>
<tr>
<td></td>
<td>• Chooses to be alone (eating, break times), likes having sanctions where they can be alone.</td>
</tr>
<tr>
<td></td>
<td>• Averse to one on one contact with adults.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POOR ORGANISATIONAL SKILLS</th>
<th>POOR READING OR WRITING SKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Disorganised and chaotic.</td>
<td>• Pretends to be able to read.</td>
</tr>
<tr>
<td>• Regularly forget what they are supposed to be doing, will continuously ask for repetition.</td>
<td>• Avoids reading and writing.</td>
</tr>
<tr>
<td>• Forget different appointments and materials.</td>
<td>• Has slow speed of reading and/or writing, difficulties filling out forms or homework sheets.</td>
</tr>
<tr>
<td>• Difficulty sequencing events.</td>
<td>• Handwriting is poor.</td>
</tr>
<tr>
<td></td>
<td>• Misreads words which look/sound similar.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POOR LANGUAGE SKILLS</th>
<th>POOR NUMBER SKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Repeats points when telling a story.</td>
<td>• Has difficulty remembering strings of number e.g. phone numbers, bank pins.</td>
</tr>
<tr>
<td>• Gets lost and trails off when telling you something.</td>
<td>• Confuses dates and times.</td>
</tr>
<tr>
<td>• Mixes up the sequence of events when explaining something.</td>
<td>• Difficult to understand due to an articulation problem (e.g. a lisp or stammer).</td>
</tr>
<tr>
<td>• Explanations, descriptions or stories are confusing/hard to follow.</td>
<td></td>
</tr>
<tr>
<td>• Uses lots of pausing and hesitations when speaking. Will contradict themselves when speaking which may appear as though the student is lying.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UNCLEAR SPEECH</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Difficult to understand due to an articulation problem (e.g. a lisp or stammer).</td>
</tr>
</tbody>
</table>

### Indicators that a student may have SLCN

Some students will display more of the above behaviours than others. It is important to remember that these are indicators of speech, language and/or communication difficulties. Some students might present with these behaviours in the absence of any SLCN.
References:
Reed, VA (2005). An Introduction to children with language disorders, 3rd edition Allyn and Bacon/Pearson 6

Websites:
www.sentencetrouble.info The Communication Trust, The Dyslexia SpLD Trust and the Autism
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