

# Glossary

## Language disorder: Expressive language disorder

### What is expressive language?

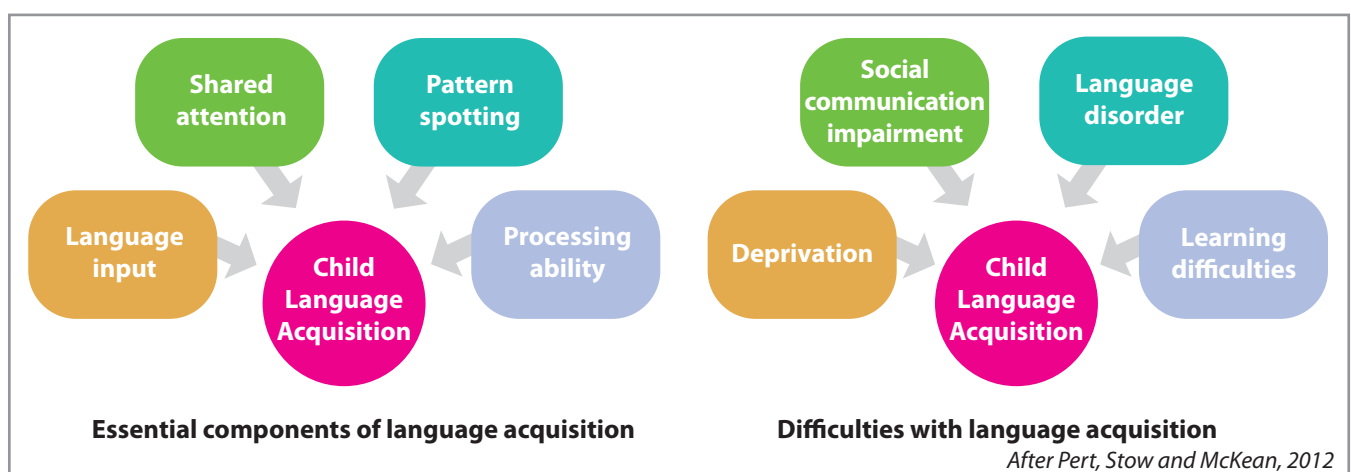
**Expression** or **expressive language** is the use of utterances (spoken sentences) to convey meaning and to connect to a listener socially. This is achieved by combining words into phrases and sentences. The utterance is then turned into speech sounds which is the way the message is transmitted to the listener. Alternatively, another medium might be used such as written language or signs for a sign language user.

Adult language is subtle and complex and can be used to produce spoken utterances never heard before. Yet the way language is put together makes it understandable to the listener. The speaker may use other ways of modifying or changing the message such as loudness and tone of voice. For example, intonation, the 'tune' of speech, can indicate emphasis of a particular word, a question or sarcasm (Cruttenden, 1997). Even the facial expression may change the meaning of a spoken sentence. All these aspects form part of expression.

**Along with comprehension, expression is one of the main components of language.**

**The model below shows the essential components of language acquisition. Problems in any of these crucial areas will result in Developmental Language Disorder (DLN), often affecting expressive language skills. The same model is discussed on the receptive language disorder leaflet as all these factors affect the development of both receptive and expressive language skills.**

- Children not only need to hear language to learn how it works, they also need opportunities to try out language skills. It was previously thought that a child needed to have established the meaning of a word, concepts or spoken utterance before trying to use it. Research has shown that children regularly use language they cannot yet reliably understand, suggesting that children 'try out' language to see the effect it has on the listener and modify their language in response to this experience (Hendriks and Spender, 2005). **Language input** includes providing opportunities for children to comment on their play and activities.



It also includes adults and other children adding further detail to the child's attempts to talk.

- Shared attention is important as the child needs opportunities to comment on objects and activities to other children and adults. Play including everyday scenarios allows them to practise this.
- Children use new patterns of language and adjust or reject them depending on how effective they are in real communication. Children will remember a new word or phrase if it is useful at maintaining friendships or obtaining a favourite toy or activity.
- Children need to constantly analyse a social situation. Brief opportunities arise to comment or ask questions and children need to be able to respond quickly or risk losing their turn in the conversation. Expressive language needs to be composed and used quickly and in response to the needs of the listener.

### How are utterances made?

We can tell from 'slips of the tongue' and from bilingual speakers who combine two languages together (Azuma, 1993) how utterances are made up, because then we can 'see the join' in the utterance.

We can think of an utterance as being made up of two sorts of words or word parts; **content words** and **frame words**. In an utterance such as 'The **dog** is **chasing a ball**', 'dog', 'chase' and 'ball' are the content words as these carry the information about **who** (agent: dog), **what** they are **doing** (action: chase) and who/what is being **affected** by that action (patient: ball). The words 'The', 'is' and 'a' or parts of words '-ing' (morphemes) make a frame for the content words to slot into. Without the frame words, the sentence would sound clipped or 'telegraphic'. The phrases are also ordered in such a way we know who is doing what.

If you are tired or stressed, you might accidentally say 'The **ball** is chasing the **boy**'. This sort of mistake, where a content word has been slotted into the wrong place (but still in a content word slot) shows that the frame is made **first** and the content words slotted in **afterwards**. This is important, as in the past therapy often focused on content words to get the message across. Therapy should include a focus on the frame (see below).

### What is expressive language disorder?

Expressive language disorder is any difficulty formulating and using utterances associated with the process of using words in sentences. Some children can

formulate utterances but do not know the correct way to use their expressive language in different situations and with different people, also called pragmatic language impairment (Gibson *et al.* 2013). Some authors have cast doubt on the category of expressive language disorder, highlighting that expressive language disorder is often accompanied by difficulties with receptive language (Leonard, 2009). For this reason, children with expressive language difficulties should be assessed for receptive language disorder.

### Is expressive language disorder a diagnosis?

Expressive language disorder is a description of the child's difficulties. That is, the child has difficulties using words, formulating spoken utterances, using grammar and syntax.

Broomfield and Dodd (2004) examined referrals to a children's speech and language therapy service in the UK and found that:

- A third of children with expressive language disorder also had receptive language disorder
- Half of children referred for expressive language disorder also had a speech disorder
- A third of children referred for speech impairment also had expressive language disorder

This shows that children rarely present with difficulty in just one area of speech and language. When more than one speech and language difficulty are present this is called co-morbidity. As co-morbidity was so common for children referred to speech and language therapy services, it is very important that a full assessment of the child's speech and language skills is undertaken, and not just an assessment of the area of difficulty for which the child was referred.

Although expressive language disorder is often associated with other problems (see below), children may also be 'late talkers'. Late talkers are children aged 18-35 months who lag behind with talking before catching up at a later age (Hawa and Spanoudid, 2014).

### What causes expressive language disorder?

Language learning is dependent on many elements, some within the child and many associated with the language they share with others and their environment. Please see the model above. Expressive language disorders may therefore have more than one underlying cause.

## Aetiology or underlying causes

There is a difference between the speech and language diagnosis, which is a **description of the child's current difficulties** and the underlying cause(s), which is called the **aetiology**. Children's speech and language abilities may change over time and so the speech and language diagnosis may also change.

Research has found that one third of children with expressive language disorder have low non-verbal skills or learning difficulty (Broomfield and Dodd, 2004). Children with genetic conditions affecting development are at high risk of language disorder, including expressive language disorder. Children and young people with Down's syndrome often have a language disorder including expressive language disorder, which cannot be explained by their cognitive delay (learning difficulties) (Cleland *et al.* 2010).

## How is expressive language disorder assessed?

The speech and language therapist will assess a child using a range of techniques depending on the child's age and ability. Younger children may be assessed informally using toys and simple pictures. Older children who have sufficiently well-developed attention and cooperation skills may be assessed using a picture book test. Such tests allow the speech and language therapist to compare a child's performance with the typical performance of a child their age. The speech and language therapist is likely to assess the child's language skills (including comprehension and expression), as well as looking at aspects of expression in more detail. This may include use of words (naming vocabulary), using different sentence structures and concepts (syntax), using different forms of words (such as verb tense), defining words and giving different word associations (semantics) and telling stories (narrative).

## Prognosis

Prognosis is the long-term outlook for children with this condition. Some children, who present with no other difficulties may develop expressive language later than their peers. These 'late talkers' should do so by 35 months of age.

Weindrich *et al.* (2000) found that the prognosis for children with language difficulties was generally good. However, they also recommended that families seek special help from school and speech and language therapy to ensure the best outcome for the child.

## What is the treatment for expressive language disorder?

There is debate on how typically developing children acquire language (Ambridge and Lieven, 2011). For this reason, different theoretical approaches may be applied to therapy. There is currently no 'gold standard' therapy which has been shown to be effective for all children with expressive language disorder. Speech and language therapy approaches include working on the different aspects of expressive language including word use (naming), categories and word meaning (semantics), grammar (phrase order and word forms and word endings) as well as other related aspects. Group therapy is thought to be as effective as one-to-one therapy, especially as expressive language involves using language with other children. It may be useful to employ signing systems such as Paget Gorman Signed Speech where there are signs for grammatical (frame) words and morphemes as well as content words, alongside spoken language.

Law *et al.* (2003) found that speech and language therapy was effective for vocabulary difficulties but results were mixed for expressive syntax difficulties. There is some evidence that if the child has both receptive and expressive language disorder then expressive skills should be targeted first (Petursdottir and Carr, 2011).

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**Please note: Afasic does not hold copies of any referenced material. These publications should be available at academic libraries.**

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