



LANGUAGE DISORDERS AND THE INFLUENCE ON THE COMMUNICATION OF CHILDREN AGED 6-11 YEARS

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Article DOI: <https://doi.org/10.36713/epra20014>

DOI No: 10.36713/epra20014

ABSTRACT

Communication is a dynamic process, during which we exchange information, thoughts and feelings, verbally (with words) or non-verbally (without words). Children communicate with adults from the day they are born. This study was realized in children of the age group 6-11 years, where 100 children participated in the study. The children are part of the public schools in the city of Elbasan, Albania. For the measurements provided in the study, the instrument Rating scale, disorders of Speaking DSM-V was used. Inability to produce sounds, according to the measurements carried out, it turns out that 20% of the children do not have complete habits in communication, 20% of the children sometimes almost have complete habits, 30% are in the upper formation of the habits and 40% of the children constantly possess expressions during communication. 20% of children have difficulty in articulating diphthongs, 20% have difficulty in the articulation of consonants. 60% of children articulate well and consistently consonants, vowels and speak correctly, expressed Inability to articulate sentences. 20% of children do not construct simple sentences, vocabulary content, 10% of children do not use verbs correctly, name, date, address, do not tell events and emotions, 20% of children sometimes use verbs, name, date, address, do not tell events and emotions. Disturbances the conversation 10% of children do not realize the beginning of the conversation, eye contact, do not wait their turn to speak, do not fully use the language to communicate. Based on the above results, speech disorders are present in a considerable number of children.

KEY WORDS: Language Disorders, Children, Preschool, Communication, Influence

INTRODUCTION

Language disorder affects receptive, expressive language, or both. Host language is related to an individual's ability to understand the language information, while expressive language is related to an individual's ability to formulate and produce linguistic information. Language difficulties exist absence or to a greater degree than can be explained by other sensory, motor, medical or neurological disorders that may be present (APA, 2013). DSM-5 does not list specific psychometric criteria for diagnosing language disorder. To date, the only epidemiologically derived diagnostic criteria come from a longitudinal series of kindergarten children with specific language impairments by Tomblin and his colleagues (Catts et al., 2008; Fey et al., 2004; Leonard et al., 2007; Tomblin et al., 2003). Tomblin, Records, and Zhang (1996) reported excellent sensitivity and specificity (values above .9) for a standard global language test that assessed acceptability and expressive in the fields of vocabulary, syntax and discourse processes or for performance of -1.25 standard deviations or more below the mean on two or more composites outcomes representing language comprehension, language production, vocabulary ability, grammar and narrative skills. Looking at a number of studies of children with language, many researchers identify language disorder according to performance that is -1 or more standard deviations below the mean on multiple receptive or

expressive tests or subtests language (Leonard, 2014; Spaulding, Plante & Farinella, 2006). Language samples reveal information about the individual linguistic (total number of words, number of different words, average length of pronunciation), language complexity (complex vocabulary and sentence structure) and accuracy (grammatical acceptability and articulatory intelligibility) and can reveal information about the individual that is not easily visible in standardized measures (Costanza - Smith, 2010). Language samples are particularly useful for assessing culturally and linguistically diverse individuals descent (Laing & Kamhi, 2003). Psychological hypotheses about the etiology of language disorder can be divided into linguistic (domain-specific) and cognitive (general). During the preschool years, children must learn a variety of words that represent different words (eg, question words, colors, spatial terms), conjunctions (eg coordination, subordination) and words that can be used to categorize and describe objects, actions and events (Anderson, 2011). Much of the spoken and written discourse encountered during the teenage years contains morphologically complex words that require knowledge and experience with word structure as well as mastery of sophisticated metalinguistic skills Children who start speaking very late (less than 50 words at 18 months) are often referred to as a late talker. When these children have age-appropriate language comprehension abilities and without a family history of language impairment, they are likely



to catch up to their peers the time when they reach kindergarten (Rescorla, 2002). Children with intellectual disabilities almost always have language skills related to language content, and many also have impairments in this area of linguistic form (Rakhlin & Grigorenko, 2015). The exception is that there is often a larger one the mismatch between comprehension and production skills in monolingual children disorder than in children with intellectual disabilities (Polišenská, & Kapalková, 2014). In addition, preschoolers with language disorders may also need learn how to let others know when they don't understand something and clarify information they provide during conversations that may be misunderstood by others (Brinton & Fujiki, 1995). The overwhelming findings suggest that speech-language pathology services can be effectively in regular classroom contexts (Cirrin, et al., 2010; Hadley, Simmerman, Long & Luna, 2000). Developmental brain changes associated with language have been suggested as evidence of a critical age for screening for language disorders should only be considered if language disorders precede from an early identifiable stage, if a suitable screening instrument for early identification is available stages of language disorders, if there is effective treatment for language disorders, and if earlier treatment is more effective than late treatment (Maas and Mackenbach 1999) (Wilson & Jungner 1968 acquisition of language skills (Pujol, Soriano-Mas et al. 2006). There are effective treatments and strategies for several underlying causes of language disorder. problems such as hearing problems (Yoshinaga-Itano, Sedey et al. 1998; Yoshinaga-Itano, Coulter et al.2000), disorders in the organs of speech or in the motor development of speech (such as slurred speech), psychological problems and poor language environment. As a result, the effects of treatment of language disorders mental retardation is limited as it depends on the child's cognitive functioning. there increasing the efficacy of specific interventions for chronic conditions such as autism or widespread of development (autism-related disorder) in improving and ameliorating symptoms functioning and quality of life (Myers, Johnson et al. 2007) Early detection of language disorders should result in an improved prognosis compared to the detection of these language delays at a later point in time. After all, some of the language disorders detected early can occur spontaneously recover, while other language disorders may have the same

prognosis regardless identification time. Therefore, the important questions are: Is there additional value in stream-specific screening? usual monitoring of children's language development and detection of disorders in of language? Do children benefit from the specific screening program in terms of improving language skills and/or reducing problems related to language development?The most important question, as stated by Nelson et al. (Nelson, Nygren et al. 2006), is ifscreening for language delay is effective, that is: would screening result in improved speech and language and other related outcomes (such as school functioning)? This can only in one randomized controlled trial (RCT), in which two comparable groups enable assessment of differences in early detected language disorders and early effects t (Sibbald and Roland 1998)..

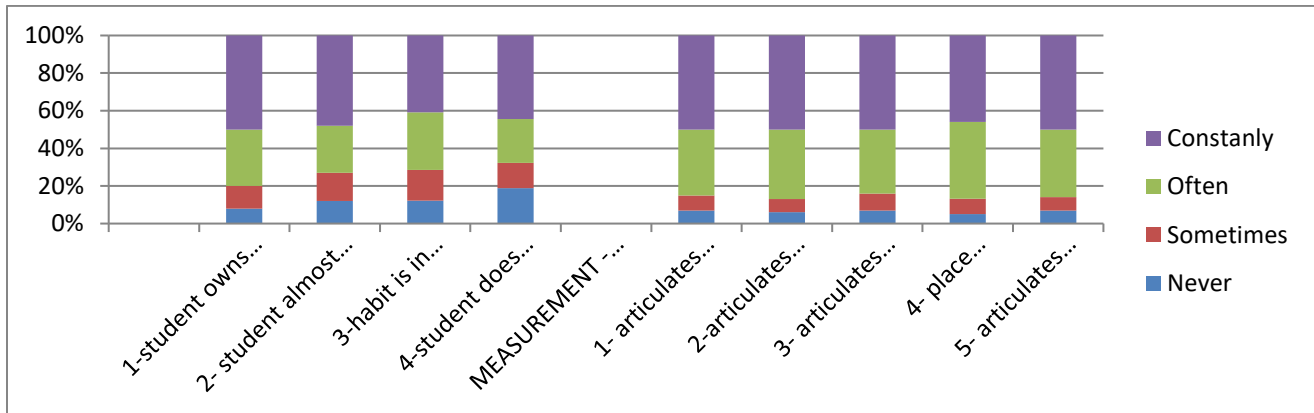
METHODOLOGY

This study was conducted on children aged 6-11 years, where 100 children participated in the study. The children are part of the public schools in the city of Elbasan,Albania. For the measurements provided in the study, the instrument Rating scale, disorders of Speaking DSM-V was used. Through this questionnaire, the situation was tested for each child in relation to language and communication disorders. They were measured word articulation, vowels, consonants, sentence construction and the use of intonation during communication and other details of speech. the appropriate measurements were carried out, their calculation was made, coming to real conclusions about the language level of the children taken in the study.. In advance, the implementation of the ethical criteria of the study was ensured, ensuring the institutional and parental permissions for the children's participation in the study. The study was carried out in full cooperation with the staff of teachers, parents, school psychologists. Criterion the selector referred to the age determined in the study for public school children.

RESULTS

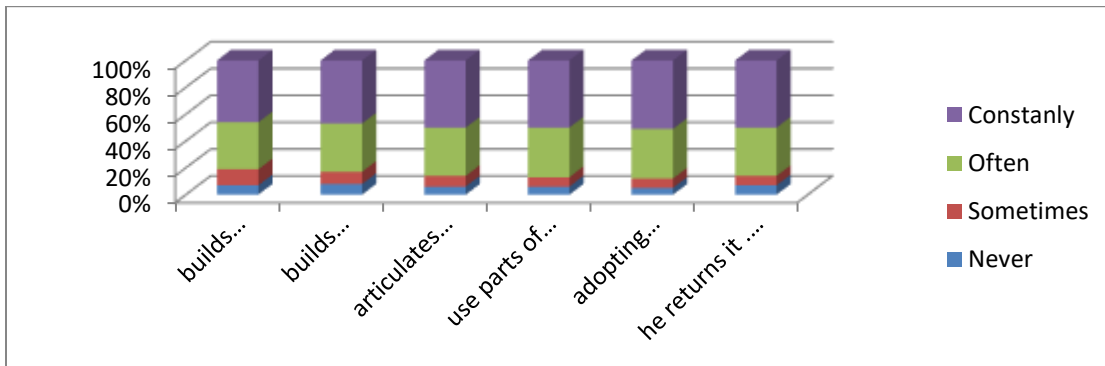
The results of the study were calculated according to the number of children for each relevant section of DSM V, accompanied by a graphic presentation.

Rating scale ,disorders of Speaking :DSM-V (nr of children)	Never	Sometimes	Often	Constanly
1-student owns habit : I use it The independent in family,	8	12	30	50
2- student almost owns it habit ,	12	15	25	48
3-habit is in formation and above ,	12	16	30	40
4-student does not own it the habit .	17	12	21	40
Measurement - Inability to produce sounds				
1- articulates vowels (phonemes)	7	8	35	50
2-articulates consonants (phonemes)	6	7	37	50
3- articulates diphthongs	7	9	34	50
4- place consonants near vowels	5	8	40	45
5- articulates words with 2-3 consonants turn	7	7	36	50



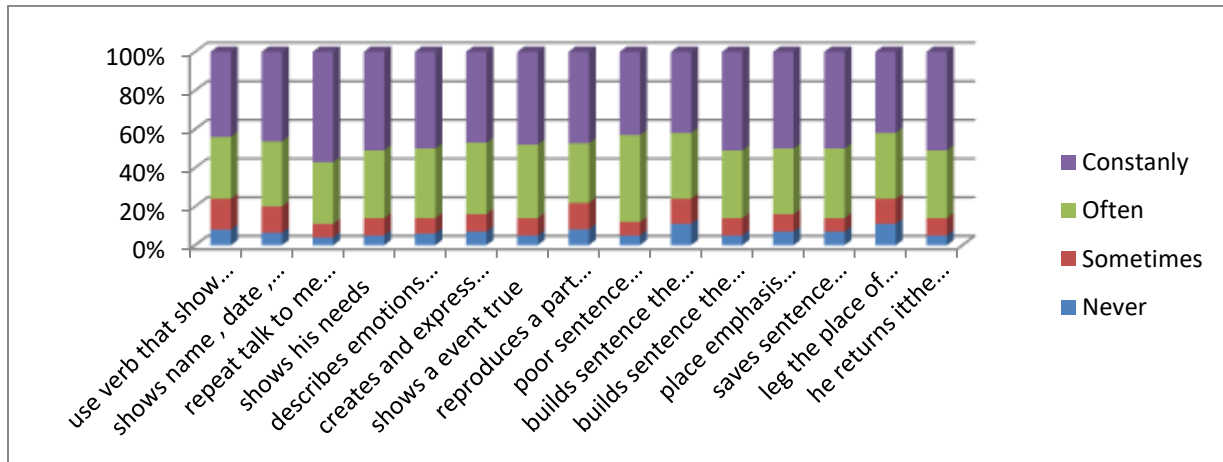
Graphic 1

Measurement - Inability to articulate sentences(nr of children)	Never	Sometimes	Often	Constanly
builds sentence the simple	7	12	35	46
builds sentence the composed (2 or more)part	8	9	36	47
articulates sentence with the right intonation	6	8	36	50
use parts of speech in the correct formsappropriate	6	7	37	50
adopting parts of speech	5	7	37	51
he returns it . the sentence in the form interrogative neg	7	7	36	50



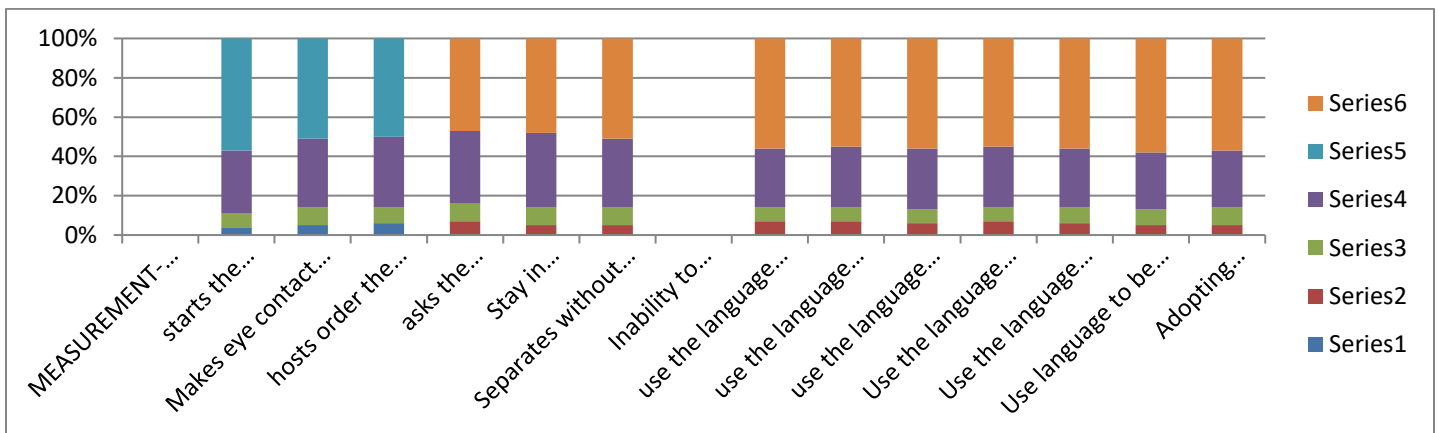
Graphic 2

Measurement-vocabulary content(nr of children)	Never	Sometimes	Often	Constanly
Use Verb That Show Action	8	16	32	44
Shows Name , Date , Address ,	7	15	37	51
Repeat Talk to Me More Than Three	4	7	32	57
Shows His Needs	5	9	35	51
Describes Emotions to Theothers	6	8	36	50
Creates And Express Opinion Theindep,	7	9	37	47
Shows An Event True	5	9	38	48
Reproduces A Part the Read	9	15	34	52
Poor Sentence Structure	5	7	45	43
Builds Sentence the Simple	11	13	34	42
Builds Sentence the Ingredients (2 Or	5	9	35	51
Place Emphasis Logical the Sentence	7	9	34	50
Saves Sentence Structure Long Thespea	7	7	36	50
Leg The Place of Words In A Sentence	11	13	34	42
He Returns It the Sentence in The Form Interrogative	5	9	35	51



Graphic 3

Measurement- disturbances the conversation (nr of children)	Never	Sometimes	Often	Constanly
starts the conversation	4	7	32	57
Makes eye contact with the interlocutor	5	9	35	51
hosts order the speak Answered queries	6	8	36	50
asks the interlocutor of interest	7	9	37	47
Stay in conversation. so how it is necessary	5	9	38	48
Separates without problem from interview partner	5	9	35	51
Inability to communicate through language				
use the language for it express thoughts	7	7	30	56
use the language for it express needs	7	7	31	55
use the language for it told emotions	6	7	31	56
Use the language for it Searched	7	7	31	55
Use the language for it opposed	6	8	30	56
Use language to be appeal	5	8	29	58
Adopting vocabulary , intonation ,	5	9	29	57



Graphic 4

The study's calculations result: Inability to produce sounds- According to the measurements carried out, it results that 20% of the children do not possess complete communication skills, 20% of the children sometimes almost possess complete skills, 20% are in the upper formation of the skills and 40% of the children constantly possess said during the communication. 20% of

children have difficulty in articulating diphthongs, 20% have difficulty in articulating of consonants. 60% of children articulate well and constantly consonants, vowels and speak correctly. Inability to articulate sentences-20% of children do not construct simple sentences, 20% of children sometimes construct correct compound sentences, they use correct sentences. 40% of children



articulate with the correct intonation, 30% of students understand the order of parts of the sentence. Vocabulary content-10% of children do not use verbs, name, date, address correctly, do not show events and emotions, 20% of children sometimes use verbs, name, date, address, do not show events and emotions, 30% of children often accurately use verbs, name, date, address, do not show events and emotions, 40% of children constantly use the correct verbs, name, date, address, do not show events and emotions. Disturbances the conversation 10% of children do not realize the beginning of the conversation, eye contact, waits for the turn to speak, uses language to show Adequate vocabulary, intonation, Use speak to ask, 20% sometimes perform the above actions, 30% often perform the initiation of conversation, eye contact, waits for the turn to speak, uses the language to show Adapts the vocabulary, intonation, Uses the language to ask show Adjusts the vocabulary, intonation, Uses the language to search.

CONCLUSION

The conclusions of the study show that a number of children aged 6-11 years, have speech disorders. Problems were found in the articulation of consonants, vowels and their correct use. Difficulty in constructing sentences, expressions, as well as giving the right intonation during talk. Difficulties in communication are found, they do not start the conversation, there is no eye contact with the interlocutor, they do not follow the flow of the conversation. Based on the children's problems, it is suggested for a more in-depth study of the language disorders of children of this age. It is recommended to follow them by the relevant specialists for language development. The application of individual development plans for each presented case. The provision of psychosocial support, to provide emotional support in overcoming communication difficulties.

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