



VOCABULARY:

WHAT'S THE PROBLEM ?

WHAT DO WE MEAN BY "VOCABULARY"?

The term "vocabulary" refers to all the words in a person's language. They are the most important tools that we have for communicating our ideas to others, and for acquiring information. Having a well developed vocabulary is vitally important for a child's academic progress, as it is needed for all aspects of successful language and literacy development: talking, understanding, reading and writing.

DLD AND VOCABULARY

Children and adolescents with DLD tend to have very poorly developed vocabularies. Children with normally developing language have knowledge of around 40,000 to 50,000 words by the end of high school. However, children with DLD may enter school with a very restricted vocabulary, and continue to be two to three grades behind their peers throughout primary and secondary school.

This is because:

- They may have auditory processing difficulty, so miss a lot of new words spoken by their parents and teachers (a primary source of new word learning).
- They may have reading difficulty, so are not exposed to new words through their reading (personal reading becomes an increasingly significant source of new words).
- They have fewer opportunities to use newly learned words in their talking and writing, so new words don't get established in their word storage (newly learned words need to be used at least 12 times before we really "know" them).

VOCABULARY ISSUES FOR OLDER CHILDREN AND ADOLESCENTS WITH DLD



The school curriculum is a constant source of new word learning opportunities. As children move through the grades, these words become increasingly complex, technical and literate. New vocabulary is introduced to students with each new curriculum topic, often 30 - 40 new words at a time. Some of these words are crucial to the full understanding of that topic. Think of some of the words you may have learnt in Science (ichthyology, meteorologist, metamorphosis, etc.), or Mathematics (hypotenuse, equilateral, probability, etc.)

Young people with DLD may fall further behind in learning these new and unfamiliar words, which will in turn affect their ability to learn the curriculum content.

Having a poor vocabulary will also have an effect on their ability to express their ideas and thoughts in everyday conversations, as well as in their academic work.

HOW TO SUPPORT HIGHER ORDER, INFERENTIAL LANGUAGE SKILLS

IMPLICIT TO EXPLICIT: ORAL AND WRITTEN LANGUAGE

- Remember that young people with DLD often take information literally, that is, “at face value”. Be careful when you are using figurative or abstract language, and try to be very explicit in what you’re saying. For example, (for parents) instead of saying “This room looks as if a bomb’s hit it!”, say “Your room is really messy, and I’d like you to tidy it”. For teachers: instead of a sarcastic comment such as “I guess we’ll have to wait till Jimmy has finished telling his morning news!”, say “Jimmy, you need to stop talking now, as the class is starting”.
- Be watchful for information that has to be inferred in texts, and be prepared to explain in direct language what something means. For example, they may read a story involving a dog where this information is only inferred through words such as “When Bob barked ...”; “Bob’s collar became caught in the fence when he was digging his way out ...”. They may get to the end of the story thinking that Bob was a human. Help them find information bearing words, and become “Thinking Detectives” to work out what the words may be implying.
- Young people with DLD often misinterpret instructional language. As they progress through secondary school, written instructions become increasingly abstract and complex, especially in such subjects as English, History and the Creative Arts. Teachers can assist by using vocabulary and terminology familiar to these students, and spending time instructing and explaining instructions in explicit terms.

COMPLEX LANGUAGE FORMS

- As described on the previous page, we often use language forms to elaborate and give “colour” to a basic idea. Figurative language appears in many different forms: idioms, metaphors, similes, alliterations, personifications, and onomatopoeia, to name a few. The actual meaning of these may need to be explained in “real” terms to a young person with DLD so that they can start to recognise and interpret them by themselves, also use them creatively in their own talking and writing.
- There are other language forms that appear in our oral language that can create confusion for these young people. These include the use of innuendo (hinting at something mainly by a tone of voice), and sarcasm (often meaning the opposite of what we actually say, and adding body language such as a slightly raised eyebrow). Be careful in your use of these ways of communicating, as they may create confusion or your message may be interpreted literally.



MENTAL HEALTH AND SOCIAL ISSUES FOR OLDER CHILDREN AND ADOLESCENTS WITH DLD

WHAT ARE THE PROBLEMS ?

WHAT IS THE IMPACT OF DLD ON MENTAL HEALTH ?

Young people with a persistent language disorder are very much at risk for developing issues with their mental health, in particular anxiety and depression.

This can range from being anxious about getting their work done, giving an oral speech in class or taking an exam, to a clinically diagnosed anxiety or depressive disorder.



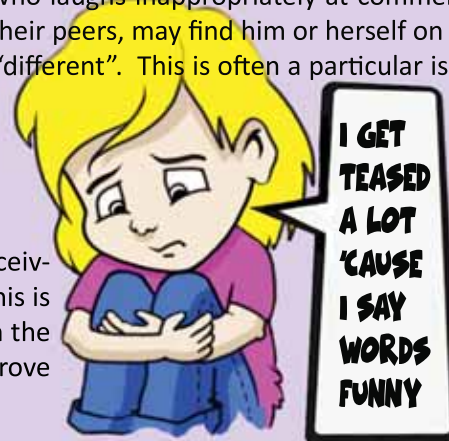
If an older child or an adolescent has been experiencing long-term challenges and failure in the academic and social environment, this can cause them to have a very poor view of their ability and self-worth, leading to a persistently low self-esteem. This may, in turn, lead to substance abuse as a form of self-medication, behavioural problems, and disengagement from aspects of life such as learning and interacting socially.

WHAT IS THE IMPACT OF DLD ON SOCIAL SKILLS ?

The good news is that not all young people with DLD have difficulty making friends. Often this occurs spontaneously when they find peers with similar interests and abilities, such as creative arts, sports and technology. However, the literature does show that they may experience difficulties with forming “reciprocal relationships”, which are those deeper friendships that involve a lot of empathy and understanding, and reacting appropriately and spontaneously to the emotions of the other person. If young people with DLD develop particular problems with higher order language (see page 6), this will impact their ability to communicate successfully with peers and adults. For example, an adolescent who laughs inappropriately at comments, and doesn’t keep up with the quick, ever-changing “teen-talk” of their peers, may find him or herself on the outer edge of social groups, and even teased or bullied for being “different”. This is often a particular issue for girls with DLD, starting at a very young age.

MENTAL HEALTH SUPPORT: THE BARRIERS

Children and adolescents with DLD will definitely benefit from receiving psychological counselling for their mental health problems. This is not always the positive situation that it could be, however, and on the next page (page 11), some suggestions are made that could improve the counselling experience for these young people in need.



- Access to services: young people with DLD may not be proactive in taking care of their needs, or know how to ask for help. Since their language problems may be misunderstood or overlooked, they may not have others acting for them by making appropriate referrals.
- Counselling sessions are generally highly verbal in nature, involving discussions of often quite

abstract, de-contextualised ideas. There are difficulties that may put a young person at a significant disadvantage in these situations: Poor expressive and receptive language skills, auditory processing and retention problems, a limited vocabulary of feelings and emotions, and a difficulty with interpreting inferential language. These are, of course, many of the main features of DLD.