

# Emerge



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A Child's Place

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## Children with Language Difficulties View Social Situations Differently



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Founder / Director

It is well established that children with specific language impairment (SLI) are susceptible to academic, psychological, social, and behavioral difficulties that can persist into adolescence and even into *adulthood* when the SLI is not addressed.<sup>1-8</sup> Late talkers identified at age two trend 48% more likely to have clinically significant disturbed emotions and behaviors at age 17.<sup>3</sup> Peer rejection and reduced social competence are also associated with SLI.<sup>2,7</sup> What is not fully established is the degree to which the social challenges occur adaptively or as a result of an underlying deficit in social cognition. Mariko Hosozawa, MD and colleagues shed some light on this question in their study recently published in *Pediatrics*.<sup>9</sup>



Building on studies of speech processing in autism, the researchers showed scenes from children's TV programming to a group of 66 very young children comprised of typically developing children (TD), children with specific language impairment (SLI), and children with autism spectrum disorder (ASD). Using a remote eye-tracker system, researchers were able to analyze the gaze patterns of the children. As demonstrated in earlier studies, children with ASD were inattentive to the faces of speakers and tended to ignore social cues. Both the TD children and children with SLI focused on the faces of speakers. However, children with SLI tended to fixate on the mouths of speakers. TD children looked back and forth between the mouths and the eyes. Consistent with other audiovisual perception studies, TD children watch the eyes of speakers and shift their attention to the mouths according to the complexity of speech.

This research suggests that children with SLI give significantly more focus to the mouths of speakers to compensate for deficits in language processing. The drawback of this compensation strategy is that the eyes provide abundant emotional and social cues. Since children with SLI will be missing this input from eye contact, it is possible that the mouth-fixation behavior results in increasingly stunted development of social skills. This observation underscores the importance of early intervention when children are missing developmental milestones. Speech therapy has repeatedly been shown to produce short-term and long-term improvements in children with primary impairments of speech and language.<sup>10-12</sup> When you detect signs of delayed speech and language development, please tell parents about Emerge - A Child's Place.

## The Fun Place for Therapy

At Emerge, children find skilled therapists, colorful surroundings, and lots of toys and playful equipment. In general, Emerge is a place children like at first sight and look forward to visiting again. Important therapy has never been so much fun.



Please tell parents about Emerge - A Child's Place  
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## References:

1. Lindsay G, Dockrell J. Longitudinal patterns of behavioral, emotional, and social difficulties and self-concepts in adolescents with a history of specific language impairment. *Language Speech and Hearing Services in Schools*. 2012; 43: 445-460.
2. St Clair M, Pickles A, Durkin K, Conti-Ramsden G. A longitudinal study of behavioral, emotional and social difficulties in individuals with a history of specific language impairment (SLI). *J Commun Disord*. 2011; 44 (2): 186-99.
3. Whitehouse A, Robinson M, Zubrick S. Late talking and the risk for psychosocial problems during childhood and adolescence. *Pediatrics*. 2011; 128 (2): 324-32.
4. Beitchman J, Brownlie E, Inglis A, et al. Seven-year follow-up of speech/language impaired and control children: psychiatric outcome. *J Child Psychol Psychiatry*. 1996; 37(8): 961-970.
5. Clegg J, Hollis C, Mawhood L, Rutter M. Developmental language disorders a follow-up in later adult life: cognitive, language and psychosocial outcomes. *J Child Psychol Psychiatry*. 2005; 46 (2): 128-149.
6. Benasich A, Curtiss S, Tallal P. Language, learning, and behavioral disturbances in childhood: a longitudinal perspective. *J Am Acad Child Psychiatry*. 1993; 32 (3): 585-594.
7. Snowling M, Bishop D, Stothard S, et al. Psychosocial outcomes at 15 years of children with a preschool history of speech-language impairment. *J Child Psychol Psychiatry*. 2006; 47 (8): 759-765.
8. Hart K, Fujiki M, Brinton B, Hart C. The relationship between social behavior and severity of language impairment. *J Speech Lang Hear Res*. 2004; 47 (3): 647-662.
9. Hosozawa M, Tanaka K, Shimizu T, et al. How children with specific language impairment view social situations: An eye tracking study. *Pediatrics*. 2012; 129 (6): e1453-e1460.
10. Nye C, Foster SH, Seaman D. Effectiveness of language intervention with language/learning disabled children. *Journal of Speech and Hearing Disorders*. 1987; 52: 348-357.
11. Law J, Boyle J, Harris F, et al. Screening for speech and language delay: a systematic review of the literature. *Health Technology Assessment*. 1998; 2 (9).
12. Gibbard D. Parental-based intervention with pre-school language-delayed children (Study 2). *European Journal of Disorders of Communication*. 1994; 29: 131-150.