

Speech and Language Development in Adoptees

By Arleta James, PCC

Early speech and language leads to the development of our literacy skills—the ability to read and write. In school, children with communication disorders are more likely to struggle with literacy skills. They often perform poorly in school, have reading problems and have difficulty understanding and expressing language.



In practice as a therapist, it is common to see children who appear to be speaking English well. They seem to “learn to read” quickly and with flying colors. Yet, when the academics shift to “reading to learn,” between third and fifth grade depending on the school district, reading comprehension declines. Learning becomes a struggle.

Information now available in the area of speech and language helps parents and professionals understand why children with early histories of deprivation may not keep pace—long-term—with same-age peers. While most research conducted in this area pertains to international adoptees, we must not forget that domestic adoptees frequently experience neglect prior to their adoption. So, their language development is at risk as well.

The content that follows is put forth by Sharon Glennen, Ph.D. Sharon is a Certified Speech Language Pathologist and Assistant Professor, Department of Audiology, Speech Language Pathology and Deaf Studies at Towson University. She is also an adoptive parent. Dr. Glennen combines research, personal experience and professional knowledge to inform us about the speech development of international adoptees. The following paragraphs are taken from her website — <http://pages.towson.edu/sghennen/index.htm>. This content is also summarized in her article “Speech and language in children adopted internationally at older ages” printed in the *American Speech Language Hearing Association Division 14 Newsletter*.

“The most intensive period of speech and language development for humans is during their first three years of life. These skills appear to develop best in a world that is rich with sounds, sights and consistent exposure to the speech and language of others. There is increasing evidence that there are ‘critical periods’ for speech and language development in infants and young children. This means that the developing brain is best able to absorb a language, any language, during this period. So, children residing in orphanages—infants and older children—often do not develop proficient speech and language skills in their native language due to the lack of stimulation provided in the institutional environment (Glennen, 2005; Glennen, online).

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Arleta James, PCC, ABC of Ohio, 440-230-1960, arletajames@gmail.com, www.arletajames.com, *Welcoming a Brother or Sister by Adoption: From Navigating New Relationships to Building a Loving Family* (Jessica-Kinsley Publishers - <http://www.jkp.com/>, 2013)

"One issue that clouds the language learning process for older children is the notion of bilingualism. Internationally adopted children are often considered to be bilingual when in reality they are not. Bilingual language learners are learning to speak two languages. Some children are exposed to both languages from birth. Others learn one language at home and are later exposed to a second language when they reach school-age. In both cases, proficiency in the first language is used as a scaffold to help learn the second language.

"Rather than being bi-lingual, international adoptees experience "arrested language development." This is a process of prematurely halting language development in the birth language before it fully developed. Prior to adoption they learn a first language—the birth language—which is prematurely and suddenly stopped when the child is adopted because most adoptive parents do not speak the child's original language. The child, having been put in a "language limbo," then begins learning a new first language. Loss of birth language occurs quickly after adoption even in older children. For example, Russian children adopted at ages 4 to 8 lost expressive use of their language within 3-6 months of adoption and all functional use of the language within a year (Gindis, 2004). International adoptees are only bilingual for a very short window of time after the adoption.

"The loss of the first language before the new language develops leaves the internationally adopted child in a linguistic and educational limbo. Unlike the bilingual child who has a strong first language to fall back on, the internationally adopted child suddenly has no communicative language until English develops. This is a significant issue for older adopted children, who need to begin school right away. Because the children are not proficient in English, cognitive and linguistic development is often negatively affected.

"Consider these facts. The typical 6-year-old understands over 20,000 English words. A 5-year-old adopted from another country would need to learn an average of 54 new words every day in order to fully catch up in language comprehension abilities by age 6. However, while this child has been playing catch-up, his 6 year old friends have also added an average of 5,000 words to their vocabulary. In summary, expecting older children to develop proficient English language skills within one or two years of adoption is unrealistic. Learning a new language to proficiency takes years. This will have educational impact."

Poor language skills can be the basis for later learning disabilities. There are four areas of learning disabilities:

- Recording information in the brain—Learning depends on the brain correctly perceiving what is seen or heard.
- Understanding information—Once recorded, information must be put in the right order (sequencing), and understood in context and integrated with other information (organization).
- Storage and retrieval (memory)—Information must be stored so that it can be retrieved, either quickly (short-term memory) or later (long-term memory). So, a child may either have a short-term memory disability or a long-term memory disability.
- Communicating or taking action—You communicate information by using words (language output) or by actions such as writing, drawing and gesturing. A child may have an output disability.

Recommendations :

In light of the above information, the following is recommended. Again, please do not exclude domestic adoptees who have experienced neglect prior to their arrival in their adoptive families:

- *Have your child—no matter what her age at arrival—undergo cognitive developmental testing in her native language as early as possible after she arrives home.* For all children younger than age seven the assessment should be done within the first few weeks, and for those who are literate in their native language the time-frame is the first few months. Since immigrant children and those adopted internationally immediately begin losing expressive and receptive language in their native tongues (a process known as language attrition), letting such testing wait may mean that meaningful educational testing must be delayed for several years, until the child has fully acquired expressive and receptive language skills in English. Consult with your adoption-competent pediatrician or an International Adoption Medical Clinic to find a professional qualified to conduct an appropriate speech assessment.

- *School-readiness—especially if the child has arrived at an older age—is an area that requires consultation with those professionals knowledgeable about international adoptees.* Schools tend to want to place children according to their chronological age. This manner of assigning children a grade ignores language development, social skills, self-regulation abilities, the willingness to participate in a group activity, and cognitive skills and/or neurological problems. A timely psycho-educational evaluation will reveal individual differences and educational needs of your child and lead to proper school placement. This is important for overall adjustment, emotional well-being and future academic success.
- *Obtain a second opinion.* Frequently, professionals with no knowledge of international adoptees, deem the speech abilities of the adopted son or daughter “just fine” or “age-appropriate” especially when the child is under age three. A second opinion may be warranted in such a case. Again, consult with an adoption-competent pediatrician or an International Adoption Medical Clinic to find a qualified Speech Pathologist.
- *It's never too late!* Just as it is never too late for most things in life, a speech and language assessment can be conducted at any age. If your child is struggling to learn, consider that the learning issues may stem from the child's early history. Obtain a speech and language evaluation and ongoing speech therapy if necessary.