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## Understanding your Child's Language Profile

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A baby's first words: what an important step! Children's language development is closely monitored by parents and professionals alike, and sometimes it doesn't follow the typical trajectory as described in textbooks. Whether it's a simple late-onset development, a developmental language disorder (DLD), or a language disorder associated with another condition, it's important to learn about the different possibilities and untangle them from one another. In children with autism, an associated language disorder can sometimes be observed. One of the elements that can cause confusion when trying to differentiate it from DLD is the impairment in conventions used in language (such as turn-taking and non-verbal information) that can be present in DLD<sup>1</sup>. Difficulties in this sphere, known as pragmatics, and the impact of expressive and comprehensive difficulties on social participation, can create a profile similar to that seen in autism. So, since language tends to evolve differently depending on the condition in which the disorder occurs, it's important to differentiate between DLD and autism-associated language disorder.

### What is developmental language disorder?

Developmental language disorder (DLD) is a neurodevelopmental condition characterized by persistent language difficulties with functional impacts on a child's life<sup>2</sup>. It is present in 7.5% of the population<sup>1</sup> where difficulties that characterize this disorder cannot be associated with or acquired through other medical conditions. It is therefore not possible to have a diagnosis of DLD in the presence of autism, instead it would be a language disorder associated with autism.

Before the age of 3 years old, it is difficult to identify which children with late language development (11-18% of children) will have long-term language difficulties. Since many children who start speaking late catch up with the norm around age 3, it's not possible to conclude that they'll have DLD before this age<sup>3</sup>. At age 5, if language difficulties are still significant and not part of a broader condition, they will most likely persist throughout life. Contrary to what we might think, the age of first words is less of a good

predictor of DLD compared to the age of first word combinations (e.g., "want cake"). An assessment should therefore be considered if the child does not combine 2 words by 24 months<sup>4</sup>. To identify early-onset DLD, it is important to consider not only the language produced by the child, but also their communicative behaviors (gestures and imitation of body movements) and comprehension skills, as good skills in these areas are predictors of better language development and less persistence of difficulties.

### When autism becomes involved

In autism, we can observe similar profiles, but the evolution of language is quite different from that of children with DLD<sup>5</sup>. Indeed, language evolves with great variability within the autistic population, making it difficult to predict the level of language ultimately attained. The appearance of the first words, the first sentences, the rate of development, and the final level of language are all aspects of language in autism that will vary enormously from one child to the next. What's more, major changes in language can occur after the age of 3, which is rarer in typical language development<sup>2</sup>. In autism, expressive language may not even emerge before age 3, and the high variability may continue until around age 9<sup>6</sup>. Aside from its great variability, language development also tends to occur rather late in autism. On average, an autistic child will say their first words at 38 months and form their first complete sentences at around 52 months, as opposed to 11-14 months for the first words and 36 months for the first complete sentences in neurotypical children.

Language progression in autism is often discontinuous, and there are very few reliable variables to guide professionals in discussing prognosis<sup>2</sup>. Research has, however, provided us with some clues. The main potential predictor is non-verbal intelligence quotient (IQ), which is the ability to reason and understand the world without the use of words. Other indicators also suggest that language development will take a favorable turn in later years. For example, most children with autism have fluent language by the age of 8 when they have no intellectual disability. An improvement in comprehension or expressive abilities at 2 ½ years, being verbal at 5 years, and acquiring a functional level of language at school age are also good clues<sup>4</sup>. It's important to remember, however, that the presence of these indicators is not necessarily a guarantee of success, nor does their absence mean that an autistic child's language will never improve.

### About language regression

A phenomenon strongly associated with autism, language regression, is present in 10% to 50% of the autistic population<sup>6</sup>. This is a plateau lasting from several months to several years, during which language development stops or even regresses. In many cases, language regression occurs in children who had spoken their first words at a very early age. The presence and timing of regression affect the duration of the plateau, but not the child's chances of recovery, which are often good. Indeed, even if the plateau delays the attainment of fluent speech, language regression is not synonymous with a poor prognosis<sup>1</sup>. So we can't approach language in autism in the same way as with DLD: in autism, language difficulties are much less predictable! However, a less clear prognosis does not prevent professionals from being able to intervene with families and have an impact on the day-to-day functioning of autistic children.

### And speech therapy?

Few studies to date support the efficacy of speech therapy interventions in promoting language development in children with autism. Most studies have focused on specific measures of language development, such as performance on a vocabulary task. However, the acquisition of functional communication does not lie solely in the number of new words acquired by the child, or in his or her ability to conjugate verbs! Acquiring functional communication also means that those around the child understand their difficulties in detail, and adapt to them to better convey a message<sup>2</sup>. It also means that the child becomes aware of some of their own challenges, and becomes more autonomous and precise in their requests for clarification. It's also a family made aware of the sometimes atypical way their child communicates a message. Wouldn't it be more representative, then, to measure the effectiveness of speech therapy interventions by the reduction in the number of outbursts made by the child because they are not being understood? Or the quality of the parent-child relationship when communication is less of an obstacle? Or the level of child anxiety generated by the simple fact of functioning in an environment where verbal interaction is omnipresent? Speech therapy is much more than words 🌸



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