

Cooperation between school and parents of SLI children

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Starting school is a significant turn-point in the life of every child, especially so for children with speech-linguistic impairments (SLI) and their parents. The cooperation between the parents and the teacher heavily influences school attainments of such children. This, of course, means that constant help of professional speech therapists is also necessary in order to eliminate or reduce maximally the consequences of the detected disorders. School attainment of these students is largely determined by their speech-linguistic development and particular impairments. Hence this paper focuses on basic manifestations of the most common disorders and, in the same context, on the duties of the teacher in relation to the parents of the SLI children. It is necessary that the teacher achieve a continuous cooperation with the parents in order to enable the SLI students to integrate into school environment as fully as possible. Suggested are some measures for improving the quality of teacher-parent relations which can stimulate the progress and development of the SLI students, especially in the sphere of their socio-emotional development. This includes the development of their emotional stability, sense of security, acceptance and satisfaction.

Introduction

When they start school children encounter a set of completely new factors which influence their linguistic development. Firstly, they find themselves in situations where formal and informal forms of speech are separated and the standards of correctness are emphasized. Secondly, school environment imposes on them a variety of registers related to different school subjects. Thirdly, they are required to master a number of language skills (reading, writing, orthography). At the junior school level, students extend their communicative competence and further develop their phonology, syntax, vocabulary and semantics. Linguistic requirements that they have to confront are highly complex. It goes without saying that children with good speech-linguistic development meet these complex requirements much more easily and painlessly than children with difficulties in this developmental area (Lazarević, 2006a).

The term language disorder relates to all types of difficulties in linguistic functioning which hamper communication significantly and affect, or are otherwise linked with psycho-social development (Radoman, 2003). Numerous research results indicate that a large number of

children who have problems with fulfilling their school tasks show a pronounced delay in the development of the functions related to language and speech (Gibbs & Cooper, 1989; Butler, 1983; Hook, 1980). The impediment of different aspects of speech-linguistic development affects school attainment differently, depending on their range and type.

One of such impairments is *dyslalia*, i.e. the inability or incorrect articulation of particular sounds. Many researchers emphasize that children with faults in articulation (without language deficiency) do not belong to the group at a risk to have difficulties in learning or to develop language deficiency. Although *dyslalia* does not hinder general development of language, it may have negative effects on life of some individuals (Vladislavljević, 1981). *Stuttering*, on the other hand, may lead to somewhat lower school attainments. Other speech-linguistic impairments, such as *dyslexia*, *dysgraphia*, and *developmental dysphasia*, however, lead to unsatisfactory low school attainment. Along with presenting a theoretical framework of speech-linguistic impairments and their influence on attainment and adaptation of school-age children, some suggestions aimed at improving the quality of teacher-parent relations are offered, which is seen as essential for the child's general development, especially in the sphere of socio-emotional development.

Speech-linguistic impairments of school-age children

The most common speech-linguistic impairments of school-age children which cause lower school attainment and require cooperation of parents with the teacher and professional consultants (psychologist, pedagogue, and speech therapist) are: stutter, dysphasia, dyslexia, and dysgraphia.

Stutter (dysarthria spastica) relates to pathological behaviour in verbal communication which is clearly evident both to the environment and the speaker. Such a form of inadequate verbal communication decreases the quality of the presentation of the acquired knowledge. According to the World Health Organization stutter includes a broad range of defects that produce spasmodic interruptions of the speech rhythms. The stuttering person knows precisely what he/she wants to say but is momentarily unable to express it because of involuntary prolongation or repetition of sounds or syllables (Yarus & Quesal, 2004). Stuttering is a functional disorder which affects whole personality.

Developmental dysphasia is a language disorder, i.e. the disorder of deep linguistic structures which, along with causing sound formation difficulties, affects vocabulary, semantics, morphology, grammar and syntax. Developmental dysphasia relates to *slow, incomplete and incorrect language development in children who otherwise have no evident neurological or psychiatric disorders* (Wyke, 1979). No other disorders which might cause slow or hindered acquisition of speech are present, and if they are, as for instance: hearing impairment, evident cerebral pathology, mental retardation, social deprivation, autism and emotional disorders, then they exclude the diagnosis of developmental dysphasia.

Dyslexia is the impairment in the ability to learn to read although a person can have normal intelligence, good vision and hearing, obtain systematic training and enjoy other favourable educational, psychological and social conditions. In dyslexia there is a significant discord between the real (existing) and expected levels of reading at a particular mental age (Golubović, 1998). Dyslexia also includes the deficiency in visual processing, phonological coding and understanding of language, i.e. the deficiencies in all forms of perception necessary for very fast information processing.

Dysgraphia refers to inability to learn to write although a person possesses normal intelligence, vision and hearing, receives adequate education and lives in favourable social conditions (Golubović, 1998). Writing is the most complex human ability since it integrates almost all brain functions, even more than reading, because it includes, besides other processes, the activities of hands necessary to perform writing. Dysgraphic children make

unusual (specific) errors and repeat them constantly. The recognizable symptoms of dysgraphia include the types, constancy and numerousness of errors.

Effects of speech disorders on adaptation and school attainment of children

Regardless of the type of speech-linguistic impairments that school-age children may suffer from their effects may create serious problems both for children and their families. They can project psychologically and socially, i.e. can induce a number of psychological problems, inadequate general personality development and social adaptation. Difficulties in acquisition of curricular contents, reading and writing skills, failure in task performance, problems with organizing and maintaining attention, disturbed communication with peers and adults are some of the consequences of speech-linguistic impairments. Altered behaviour (hyperactivity, aggression and violent behaviour, anxiety, insecurity, distrust and tendency to isolate oneself) is caused not only by reduced communication abilities but by inadequate response of the family and wider community, too.

Not all children have these difficulties, but those who do, have definitely been inadequately treated by their family, peers, and teachers. It is, therefore, important to analyze the difficulties that these children have in their relations with the family, peers, and the teacher.

Harmonious relationship of children and parents is mainly based on good communication, which enables not only the development of the parent-child relationship, but also provides favourable conditions for acquisition of social skills. Children with speech-linguistic impairments can have difficulties in any phase of socialization, and disturbances can appear even in the very primary stage. Emotional attachment to parents and the establishment of good relationship with them may also become hindered, since such children often send reduced, delayed and inconsistent signals to their parents (Guralnick, 1986).

Peer relations affect significantly the child's general development. Problems with peers in childhood do not necessarily lead to maladaptation in adulthood. However, poor peer relations do lead to less than optimal general functioning of the child in other areas of life (Gašić-Pavišić, 2002). Although social behaviour of children whose language development is delayed has, so far, attracted scarce attention of researchers, the available literature warns that these children do have problems in peer relations.

These relations might prove to have the paramount influence on socialization in the period of childhood and adolescence (Guralnick, 1986). It is a fact that school provides a specific environment in which children form relations

different from those in the family, which enriches their experience and stimulates their personality development and maturation. Besides its educational role, school influences social development of students, and their interactions with peers play an important part in it.

Children with speech difficulties are often exposed to ridicule by their peers and lack of understanding and patience by the teacher. As a consequence of such treatment the SLI children either withdraw or react aggressively, lose interest for school (motivation breakdown), and all aspects of the child development (intellectual, emotional, and social) become imperilled (Škola po meri deteta, 2004).

Inadequate attitudes of teachers towards these children (lack of patience, encouragement, rewards, praises, and suggestions to the parents to transfer a child to another institution) influence the attitudes and relations of the peers, too. Such negative attitudes are based on prejudices present in wider community, and the consequence is that the SLI children frequently suffer rejection. If a teacher shows that 'he/she has had enough', complains to the school pedagogue, psychologist or the parents, or demands that a SLI child be transferred to another school, it is a clear signal to other children to start thinking that isolating and ignoring the SLI child, as well as other forms of intolerance, are acceptable.

Even some parents accept the teacher's views and punish the child additionally at home. As a consequence, the child sometimes gets into severe conflicts with the teacher and other members of the school staff. Such a situation, of course, creates an extremely unfavourable atmosphere for the child's development. The child is bound to become emotionally tense and engages into conflicts readily. Sometimes he/she shifts the aggression towards younger children in order to gain revenge (Škola po meri deteta, 2004).

Measures for overcoming difficulties

In order to alleviate the consequences of developmental language disorders special attention should be paid not only to the logopedic treatment of these children, but also to establishing good relations between their parents and the teacher, as well as friendly peer and teacher/student relations.

An early and differential diagnosis, a timely beginning and adequate duration of the logopedic treatment can prevent the progression of difficulties in learning and behaviour (Lazarević, 2006b). The aims of the logopedic treatment of school-age children must comply with general educational aims. From the school's point of view, it 'should be in accord with educational aims and objectives, result in normalization of the student's speech and behaviour, enhance his/her attainments, mental

health, aid in developing the sense of solidarity and understanding for the behaviour of others.

On the side of the involved individual, correction of speech solves various emotional problems; facilitates socialization and stimulates the development of functions which form the basis not only for speech, reading and writing, but for learning in general; it helps medicine in its border zones; eases the parents' worries and responsibilities; contributes to the development of more positive attitudes towards school and peers; enables the student to opt even for professions which require good speaking; and, finally, it frees the child from the feeling of inferiority' (Vladisavljević, 1987).

Further, it is the responsibility of the speech therapist to instruct other children, the teachers and pedagogues in the micro-environment how to deal with the SLI student, as well as the parents who can help much by working with the child at home.

Good relations between the teacher and the parents are essential for reducing the consequences of speech-linguistic impairments. The parents may worry about the child's adaptation and have fears that the child will be rejected by other children, or that the teacher will not be ready or able to pay proper attention to their child. The relief of such feelings and anxiety can be realistically expected if good teacher-parent relations are established. *Talks with family members* are an efficient means for both establishing good relations and gathering additional data about the student. The parents are in position to provide key information on the capabilities, character, specific needs, experience and health of their child. In addition, family members know best what the child likes or not, what he/she is able or unable to do, and what his/her position in the family and wider environment is like.

The experiences of the parents of the SLI children and the context of their parenting differ much from the experiences of the parents of children with typical development. Sometimes they are exhausted by previous professional treatments they pursued, and are, occasionally, disappointed in the quality of their contacts with various therapists. The parents might consider their conduct inadequate, or they simply overreact and are too protective. That is why it is very useful to talk with the parents about their prior experiences. Additionally, since these parents have already established some relations with the professionals and services in the local community they can be a valuable source of information for other parents who have children with similar problems. Many parents are already well trained for individual work with a SLI child; they know how the child learns, at what rate he/she is able to progress, how he/she can be motivated for work. On the other hand, they themselves need information about the school, about the child's behaviour and progress, and how he/she functions in his /her peer group.

The SLI children, with whose parents cooperative relations are established, progress more and faster in their development. The contact between the school professionals and the parents needs to be strengthened and *continuous*, and the *parents should be informed about all school activities and the child's progress*. The quality of teacher-parent relations enhances general development of the SLI child, especially in the sphere of creative and socio-emotional development, the development of the sense of security, emotional stability, acceptance and satisfaction (Kopas-Vukašinić, 2005).

If *positive relations and trust* are established, the parents feel that they are getting support. It gives them strength when they have to decide what and how to work with their SLI child in order to stimulate the development of his/her speech. Establishing the relations of this type requires personal qualities and skills of the teacher, the skills which are developed gradually and are based on *respect for parents*. This implies that the teacher can and should express his/her worries about the child and his/her developmental problems. A good teacher sympathizes with the parents of his/her SLI students and shows understanding for particular problems in their development. Thus he/she becomes a welcome source of support for the parents. In his/her communication with the parents, the teacher must never judge the actions of the parents directly. By offering suggestions, without judging, the teacher stimulates the parents to re-evaluate their decisions, instead of forcing them to accept his/her opinion (Gordon, 1998; Kamenov, 1997; Ludwig, 1996).

Informing, discussing, advising and exchange of experiences between the parents and the professional school team are essential prerequisites of a successful work with the SLI children. This also includes active participation of parents in school activities of their children. If there are positive relations between the parents and the school, the SLI children will develop positive relations with their peers, too.

Also, that is how these children can develop positive attitudes towards school and school obligations, motivation for work, which all leads to higher attainment. If, instead of rejection and neglect, they have good relations with other students, based on cooperation, communication, friendship, mutual support and help, the SLI children will be more successful in achieving their social integration, and this provides necessary conditions for the development of their potentials. Hence, of special importance for the development of these children are empathic peer and teacher attitudes towards them.

The level of the SLI child's emotional tension decreases in the conditions of having relations based on trust and friendliness. Patience, understanding, concern for others, for those who are different, have positive effects on

creating a sound basis for the development of sense of security in the SLI child. Favourable conditions for good social integration enable and encourage the acquisition of real and positive experiences leading to higher attainments and successfulness of both the SLI children and their parents.

Conclusion

Since a great number of children with speech-linguistic impairments attend regular primary schools, the issues regarding their successfulness in performing school tasks and their position in the school are of great importance. The paper deals with the most common problems related to language disorders, their influence on adaptation and school attainments of the SLI children, and the measures for surpassing the difficulties in their development. Speech-linguistic impairments significantly affect general development of children and the functioning of their families. They require professional engagement of school pedagogues and psychologists, additional activities of teachers, educational system and society in general. Speech therapy is necessary in order to eliminate or reduce the consequences of speech-linguistic impairments, which can be very grave.

The teacher is not expected to conduct an expert logopedic treatment. By getting detailed information on the nature of the problem and early detection of the causes of the student's learning difficulties it is possible to reduce or eliminate them. If the existing capabilities of the SLI child are emphasized and put to a proper use, and if negative peer reactions are avoided, then the conditions can be created which will prevent the impairment to affect emotional and social development of the SLI child. The teacher is the one who should recognize a SLI student's abilities and act accordingly in order to foster his/her general development. Relations of partnership between the teacher, speech therapist and parents are crucial if any success is to be achieved.

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