This paper, written from an Australian perspective, examines the contribution of oral language disorders to the classroom performance of secondary students. Five brief case examples illustrate the effects of language disorders on social competence, ability to follow verbal instructions and routines, ability to cope with a bilingual background, and development of self-esteem. Suggestions for identifying language disorder in high school students are listed under the categories of: (1) problems with speaking and listening, (2) problems with school work, and (3) behavioral problems. Also offered are specific guidelines for modifying teacher talk to assist students with language disorders such as requesting feedback, slowing the rate of presentation, and encouraging students' seeking help and clarification. Suggestions for modifying classroom work to help students with language disorders include ways to make instructions explicit and to ensure that students complete tasks without experiencing failure. (Contains 13 references.) (DB)
An invisible disability — language disorders in high school students and the implications for classroom teachers

Frederick Patchell and Linda Hand

What does ‘language disorder’ have to do with us? Given the current national and State focus on literacy, basic skills, core competencies, and broadening pathways, it clearly has a lot to do with us. This article is written by speech pathologists and it is important to state this at the outset, because speech pathologists use the word ‘language’ differently to teachers.

In classrooms, language tends to refer to reading, writing, literature, advanced discussion skills such as debating, and so on. For speech pathologists however, language means the oral language system and the oral language environments in which that system is required to operate, including that of the classroom.

There are two ways in which this speech pathology view of language is relevant to high schools. Firstly, the language skills based on literacy require an underpinning of oral language development. This is especially so by the time of high school, when the language level of written and read material begins to equal and then exceed the spoken system in complexity. This point may seem obvious, but it is often the case that where disorders in language in the classroom sense appear (e.g. problems with reading, writing, debating, expressing logical reasoning, and so on), oral language skills are not examined for their potential cause or contribution to the language problem, when they may be of vital significance.

In other words, such students may have a language disorder.

Case example 1 - John, Year 9

John’s teacher found he was not coping academically. He could not seem to keep up with spoken or written instructions, did not ask for help and copied his classmates work.

A WISC-III found his performance IQ score, which was normal, was 25 points higher than his verbal IQ score.

A closer look at his oral language behaviour found that he overused words like ‘them’ and ‘stuff’ when he needed to use more precise vocabulary, used pronouns (‘him’ and ‘her’) when it wasn’t clear to whom he was referring, took things literally (and thus was a playground target), and appeared to need cues from his conversational partner when deciding if he should smile or whether an answer to a question was acceptable.

John was thus neither comprehending nor using oral language at a level needed for school.
Secondly, most classroom teaching and learning, even at high school level, is conducted orally. Teachers talk through new material, give verbal instructions, students ask questions out loud to clarify points or find new information, feedback or rundown of material is most often given verbally, and so on. If there are problems with the oral language system (ie, language disorders), students will fail to learn and deal appropriately with this oral classroom environment.

**Case example 2 - Scott, Year 7**

Scott coped well enough with communication development until Year 2, when his persistent inability to follow teacher's verbal instructions began to become disruptive. This problem has continued. He fails to adapt his language style to the status and age of his listener and is thus often perceived as 'rude'. He appears constantly disorganised and often seems not to have grasped what he has just been told. Teachers say he is 'lazy' and 'does not pay attention'. He does not know the school routines even after a year, has never read very adequately and his ability to cope with school is decreasing as academic and organisational demands increase. Scott is typical of a student with an underlying language disorder which disrupts his ability to follow verbal instruction and routines, and which has obvious consequences for learning.

Students for whom these problems exist therefore may have language disorders in the speech pathologist's sense of the term. We are not talking here of students who do not have English as their first language, nor those who have specific disabilities such as severe hearing loss or specific reading disorders. Language disorder is not a simple diagnosis isolated from other problems. Language disorders (in the speech pathologist sense) and learning disabilities overlap. As many as 60-80% of students classified as having learning (reading) disability in the United States also have language disorders (Reed, 1986). However there are obviously some 20 to 40 percent who have reading/writing problems who do not have language disorders. It is also possible for students to have language disorders without reading/writing problems, although the higher the academic level, the less likely it is that language disorders can exist independently of academic problems.

Language disorders can exist when a student's first language is not the language of the school, although it can be difficult to diagnose. Cross-cultural language disorder is a fascinating topic in itself and needs more discussion than is possible here. For further reading, see Hand (1991).

**Case example 3 - David, Year 8**

David comes from an Arabic speaking background but his mother says he has never spoken Arabic as well as his brothers and sisters do. She switched to English with him, but that wasn't any better. He speaks hesitantly in both languages, and often pauses for a long time, apparently searching for the right word, appears bewildered a lot of the time in class. His teacher had attributed this to his non-English speaking background.

About three to five percent of high school students are estimated to have learning disabilities and about the same proportion probably have language disorders. Three-quarters of these will be boys. These populations overlap, however the figures do not count those students who have academic difficulties due to other conditions which involve oral language (such as severe hearing loss or non-English speaking backgrounds). This means that high school teachers on average will have two or three students with language disorders in each of their classes.

Although speech pathologists are the profession with the most experience in language disorders, they are both thin on the ground and unable to be the only agents needed to deal with such problems. Communication disorders of all types need to be handled at the coalface as well as in specialist locations if treatment is to be effective. Hence, teachers need to be involved.

Teachers also need to be informed about language disorders for their own benefit - understanding and dealing with problems of student learning is central to the work of a classroom.

**How to spot students with language disorders**

It is clear from the discussion so far that language disorder may not look like language disorder in the first instance. Communication is an active, interactive process, and a history of poor verbal skills can lead to an adolescent who is frustrated, unsuccessful, unhappy and unpopular. Social skills are inseparable from verbal skills. It is very important for high school students to be popular with their peer group, and to do so they need to be good at jokes, verbal barter, teasing, chatting up, verbal conflict, self-justifications, excuses and variety of other complex verbal comprehension and expressive language skills. When they are not good at these things, they are at risk of developing social and emotional problems.

We all judge others by how they interact with us. We judge people negatively in terms of their abilities, personality, character and/or behaviour if they communicate poorly with us. The 'rude', 'stupid', 'irritating' person (in our judgement) is often so judged because of the way they talked to us, or responded when we talked to them. It is not surprising therefore that the surface manifestations of language disorders are often interpreted as behaviour, personality, and attention disorders. This can be seen in all the case examples, including Marie (below).

**Case example 4 - Marie, Year 10**

Marie has a history of school failure and is very withdrawn. She seems reluctant to speak in class, and when she does her sentences are short and simple or poorly constructed. She often shrugs and appears to not know how to put things. She swears often, at both peers and teachers and refuses to do things in class. She has low self-esteem and few friends, and the school regards her as a behaviour problem.
The signs of language disorder found in the oral language itself are many and varied (see Table 1). Common signs relate to problems of knowing the 'right' thing to say, due to uncertainty of the rules of appropriate communication or from problems with the actual words and grammar of the language. No one sign in Table 1 is itself necessary or sufficient for a diagnosis of language disorder - indeed, some of them are inherently contradictory, such as 'reluctance to speak' and 'empty' talkativeness. However, some students will show one behaviour in one context (such as the classroom) and the opposite in another time and place (such as home). Most students with language disorders have a cluster of signs.

Table 1
Signs of language disorder in high school students

<table>
<thead>
<tr>
<th>Problems with speaking and listening</th>
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<tbody>
<tr>
<td>- seems unable to follow verbal instructions;</td>
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<td>- reluctant to speak;</td>
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<td>- talkative, but talk contains little real substance;</td>
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<td>- tells stories badly;</td>
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<td>- more grammatical errors than peers;</td>
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<td>- stereotypes - cliches and overuse of certain words and phrases. May use a lot of slang and swear words - vernacular language;</td>
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<td>- problems explaining the whys and wherefores of things - can't put the complex grammar together;</td>
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<td>- only deals well with concrete and here-and-now matters. Abstract language and ideas are very problematic;</td>
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<tr>
<td>- taking a long time to respond, problems processing the information;</td>
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<tr>
<td>- shows word finding difficulties; uses lots of 'ums' searching for words, lots of fillers e.g. 'you know', 'it's the, oh the, that, um', and non-specific words, e.g. thing, 'that', 'stuff';</td>
</tr>
<tr>
<td>- doesn't follow jokes, puns, sarcasm, metaphors. Takes ambiguous language seriously;</td>
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<tr>
<td>- says the wrong thing at the wrong time in the wrong tone of voice, can't hold a conversation following normal expectations;</td>
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<tr>
<td>- doesn't pick up non-verbal cues, such as facial expressions or gestures - doesn't know when people want to end a conversation or doesn't recognise the emotional content of people's talk;</td>
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<tr>
<th>Problems with school work</th>
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<tr>
<td>- can't complete homework;</td>
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<tr>
<td>- participation in class discussion is badly handled or non-existent;</td>
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<tr>
<td>- has trouble gaining information from class lectures and from books;</td>
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<tr>
<td>- following the rules of the classroom is inconsistent or does not understand them or the need to follow them;</td>
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</table>

Sources: McKinley & Larson, 1990; NSW Department of School Education, 89; Bashir, 89; Buttrill et al, 89.

Not all the school work and behavioural problems from Table 1 (above) that are seen in high school students would be a result of language disorders, as clearly there is a variety of potential causes for these behaviours. However, rarely are language disorders considered as a possible reason, and therefore some students will be missing out on the appropriate handling of their problems.

There seems to be two broad groups of students with language disorders in high school, one where language was always delayed and where there is likely to be a history of speech pathology involvement. The other group appear to develop early language reasonably well, but have problems with their oral language system that are not uncovered until forced by the higher level demands of school and literacy.

One useful indicator of language disorder is the presence of verbal IQ scores significantly lower than performance IQ scores. Not all intelligence tests make this distinction, but the WISC does (see Case example 1, above).

What can be done in the classroom

School counsellors, special education teachers and - if you have access to them - speech pathologists - should be contacted if there is a suspicion of language disorder in high school students. However, even if such resources are available, they have no magic solutions.

There are a number of good reasons why it is appropriate for classroom teachers to consider themselves agents of change with language disorders.

First of all, such students are likely to be disruptive in class, and therefore need to be dealt with in some way.
Secondly, they are likely to be failing academically, therefore to be an educational problem for the teacher.

Thirdly, change in communication patterns is something which can only really be done, in any lasting way, in the real situation. In other words, students learn best in the classroom how to cope in the classroom.

A fourth reason is that such help need not involve special programs, one-to-one time, or an extra load to the knowledge base and teaching demands of the class. Modification can be in terms of teacher talk and in classroom tasks. Tables 2 and 3 outline some ideas for these. More are available, in the list of further reading at the end of the article.

Table 2: Modifying teacher talk to assist students with language disorders

<table>
<thead>
<tr>
<th>“School has been called a verbal game, and those who know the rules and play the game can succeed” (Bashir, 89). Students in high school have been estimated to spend “75-90% of their day receiving information in the form of lectures, discussions, AV activities and student reports” (Brent, Gough and Robinson, 90). Teachers can make this more successful for students with language disorders by use of the following strategies.</th>
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<tbody>
<tr>
<td>- Request feedback; (this can be very illuminating, and may be done routinely of all students; the following are examples of ways to do it):</td>
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<td>- allow students more time to process, organise and structure a response;</td>
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<td>- limit the amount of material.</td>
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<td>- Encourage and reward students’ seeking help and clarification.</td>
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<td>- Be prepared to consider that what appears to be inattention or non-compliance may be incomprehension, and that a history of it may have led a student to adopt maladaptive behaviours</td>
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<td>- Limit the amount of new vocabulary presented at any one time.</td>
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<td>- Provide visual cues and concrete materials to assist learning and remembering. Use for illustration, emphasis and development of ideas.</td>
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<tr>
<td>- Use gesture and / or action (your own and theirs) to enhance the meaning of verbal material. Body movement enhances learning in some students.</td>
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<tr>
<td>- Encourage and use a variety of memory strategies, such as mnemonics, charts and visuals, rehearsal, reward schedules for incremental increases in performance.</td>
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<tr>
<td>- Avoid sarcasm, ambiguity, and explain and restate metaphorical language. Be aware that abstract ideas and language may be problematic and restate.</td>
</tr>
<tr>
<td>- Use direct rather than indirect instructions, e.g. “stop talking” rather than “I didn’t hear Warren because some people were talking.”</td>
</tr>
<tr>
<td>- Evaluate learning styles, and be prepared to use a variety of strategies, e.g. some students may respond better to a story told, than a story read, or visual rather than auditory causes, such as a chart of ideas with arrows versus a mnemonic.</td>
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</tbody>
</table>

Table 3: Modifying classroom work to help students with language disorders

<table>
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<tr>
<th>Some of these ideas are ‘good’ teaching practices, some for whole class consumption and some are specific to students with language disorders. Much is also identical with sound advice for classrooms or other environments involving students from non-English speaking backgrounds.</th>
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</thead>
<tbody>
<tr>
<td>Making things explicit</td>
</tr>
<tr>
<td>- Provide clear written instructions for assignments and projects.</td>
</tr>
<tr>
<td>- Be direct and explicit re classroom rules. Don’t enforce with sarcasm.</td>
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<tr>
<td>- Explain the purpose of activities - some will not correctly infer them - and present new tasks in small steps.</td>
</tr>
</tbody>
</table>

6
The wider view

Sources: McKinley & Larson, 1990; NSW Department. of

Case example 5: Intervention

A year 7 history teacher modified the written instructions for a
class assignment from basic to very specific ones including
choices of ways to go about it. The class in discussion
worked out timelines for this assignment and entered them in
their diaries. The teacher then introduced the topic using lots
of visual aids to emphasise points of importance. In class
discussion, the material was summarised by breaking it down
into small sections, and a simple typewritten list of new
vocabulary was handed out. As a feedback exercise at the
end of the lesson, students handed in written questions
asking for clarification of concepts they had trouble
understanding. The teacher used these when preparing for
her next lesson.

Joe, a student with reading and writing problems, then had a
private negotiation time with the teacher to work out
alternative assessment criteria for his assignment. Instead of
writing about a Roman village, it was decided that he would
build an accurate and detailed model of one. Joe than met
with his ‘buddy’ (a class rostered buddy system has been
organised) who was to help with the library and research
tasks for the assignment. Joe met with his woodwork teacher
to organise his materials and techniques, and to arrange
cross-credit for this project to that subject. Joe also
undertook to investigate the possibility of gaining a credit in
English by delivering an oral presentation about his project.

Some conclusions

Language disorders are devastating enough to young school
age children but if the problems are carried into adolescent
years the results can be even more disastrous. "Related
problems of learning compliance, and social adjustment
increase, while peer relationships, and academic success
plummet" (Nelson, 1991, p. 75). Consequences for later life
are clear; as Reed (1986, p. 229) put it; “a persisting
language disorder potentially limits an individual’s
opportunities for personal, vocational, and economic
self-realisation. The problem is not only the individual’s
however; it is also society’s problem. Since undereducation
and underemployment are common results of a language
disorder, valuable human resources and contributions are
wasted”.

As we have seen, it is easy to misinterpret language disorders
in high school students. Appropriate assessment and
intervention involving a speech pathologist is, in an ideal
world, essential for all students with language disorders.
However, it is not necessary for classroom teachers to have a
definite diagnosis or to be able to produce one, in order to use
the ideas in this article. Whatever the causes of the academic
failure and the social and emotional behaviour seen in these
students, the suggestions given in this article will be helpful.
It is only necessary to be prepared to consider the possibility

- Provide a list of vocabulary for a new topic and check
  students’ understanding. Personal dictionaries with topical
  vocabulary can be useful for a student who can’t retain
  material.
- Emphasise information that it is important to learn.
- Explicitly teach study skills for the subject concerned (it is
  more effective when tied to the content being studied).
  Explicitly teach note taking and time management, and use
  organisational systems with the whole class e.g. diaries,
  buddy systems, keeping lists of subject requirements in
  lockers, communication books between home and school,
  etc.
- Provide models, good essays/assignments etc, good
  strategies used (make them real ones).
- Write more on the board, this effectively slows
  presentation, allows time to process and reinforce
  information, and it is there for longer.

Ensure students complete tasks without experiencing failure

- Teach students with difficulties to compile lists of
  significant facts, details or information, and order them
  according to headings. Use memory strategies (such as
  cards with key words) for learning these.
- Students with language disorders often have difficulty with
  reading and writing. It may be desirable to negotiate with
  them other ways of collecting and presenting information;
  e.g. tape recording.
- Encourage peer group contact and acceptance. Peer
  Assistance one to one, when carefully planned, can be
  helpful, as can making a whole class project out of getting
  everyone through the tasks, using positive rewards.
- Provide a private negotiation time with the student.
- Negotiate with the student the amount of work appropriate
  for them.
- Set untimed tests and exams.

The wider view

- Emphasise metalinguistic skills, explicitly comment on the
  language used and how it works, and the effects that
  communicating in a certain way has on listeners, without
  pejoratives about ‘right’ and ‘wrong’ ways - develop
  ‘critical language awareness’ (see Fairclough, 1992).
- Routinely talk with significant others, parents, special
  education teacher, speech pathologist, counsellor etc when
  students have problems.
that language disorders may underlie the perceived problems and then to be prepared to see that helping them is an appropriate educational responsibility that, when taken, can achieve something effective. Most of the actual practices suggested appear in conventional educational materials designed usually to maximise learning for all students. This article gives a major reason for utilising them and a context for their significance.

Further reading

General introductions to language disorders


Classroom intervention ideas


Other References


Other References


Language, Speech and Hearing Services in Schools, 20, 185-204.


Hand, L (1991) Bilingualism; Everything you ever wanted to know but were afraid to ask (well...almost everything). Australian Communication Quarterly, Summer 1991. P 8-12.

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