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The Role of Orthophony towards Diagnosing and Treating Language Delay among Children

The Case Study of Preparatory Phase from Two to Five Years Old at
Speech Therapy Clinic in Khenchela

*Thesis Submitted in Partial Fulfillment of the Requirements for a Master Degree in
Language and Culture*

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Dedication

I dedicate this work to my family and my friends.

My mother my superhero of all my stories, my father and sisters (Mariem, Ikram, Salsabil) and my brother Hamouda whose support, love and prayers make me able to get this success

My parents and my sisters, I carry your prayers in my heart

The person closest to my heart and whom I will never forget helping me Rafik

Our son-in-law, Hamid, who was never stingy in providing assistance and was always racing for good.

My beloved friends, who stood by me in the most difficult times and helped me in the most difficult moments, especially in my graduation thesis DJihan, Houda, charif and Anis. I will not forget your favor as long as I live.

My best friend: chaima, Oussama, zineb, Fatima, Noureddine, ultimate treasure.

*My dear nephew Anes wish
you all the best god blesses
you*

Zineb

Dedication

This dissertation is dedicated

To my parents for their permanent support and care.

To my dear sisters Delia and Wahiba, Rokia, and Sihem thank you for being by my side during my life, I wish you all the best

To my sisters 'children Baraa and my sweetheart Douaa,amel and amdjed Allah bless them.

To my brothers' children Tesnim and Abdel Rahim, May Allah protect them

To my brother fares who is encouraging me through my whole life

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*To all
those who
love me.*

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Abstact

This study was conducted to discover the role of Orthophony towards diagnosing and treating language delay among children, it aims at finding out the role of the speed therapy in treating this delay ,according to many preschools and Orthophony clinics, it has been adduced that children that are incapable of talking or even pronouncing words by the age of two suffer from considerable levels of language delay and difficulties in understanding language and expressing their thoughts orally, which may be caused by many factors such as ,premature birth and decreased mental abilities and other developmental disorders. The majority of these children are confronted with those factors and many other factors, which makes the goal of speaking and communicating much more difficult. In order to achieve the research objectives, the data analysis procedure was based on the qualitative method, where observation and interview were chosen to be data gathering tools. The methodological framework was started with the observation, where eight children out of twenty were observed for one month straight during the work times of the clinic, analyzing the levels and the reasons of language delay. The second stage of gathering data was the interview, where the speech therapist, the responsible of the Orthophony clinic where we based our study on, was interviewed. After perceiving and observing the children, it was noticed that language delay seems to be spread among a large number of children, especially those who are aged between four years and five years. The observation also revealed that most parents didn't realize that their children are suffering from language delay until four years old. The interview, which was also conducted at the same clinic, showed that there are several ways that speech therapist follows to know to which extent the little patients are delayed. The interview revealed as well that the Orthophony is the most suitable solution for those who are diagnosed with language delay because of its ways in analyzing and exploring the different factors of each patient and how to deal with every case, whether it needs a medical treatment, a psychologist treatment or any other kind if treatments.

***Key Words:* Orthophony, Language Delay, Children, Speech Therapist, Clinic.**

List of Abbreviation Acronyms

LD: Language Delay

RLD: Receptive Language Delays

ELD: Expressive Language Delay

SLPs: Speech Language Pathologists

IQ: Intelligence Test

ORL: Otorhinolaryngology

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General Introduction

Back ground of the study

It is known in our time and since time immemorial that the ability to speak is considered one of the most important stages of language development in early childhood. In this case, infants and newborns develop from the language of infant speech to more complex speech in the form of sentences that grow rapidly day by day in many ways. The acquisition of the first language is an indispensable part of the phenomenon of language development because it is related to the process that children go through from a very early period of their lives. Language development is critical to all aspects of children's lives and is one of the best predictors of educational achievement. (Rafferty, 2014)

Orthophony is a medical specialty that deals with diagnosing and treating diseases and disorders that affect language and speech. Its aim is to improve language and speech and eliminate respiratory disorders that affect communication. This includes diagnosing and treating conditions such as language delay, which is one of the linguistic phenomena that may happen to any child. (Shetty,2012)

In general, a child is considered to have a language delay if the child's speech is much lower than normal for children his age, and the child's delayed skills are acquired in a normal sequence, but at a slower rate than normal. (Shetty,2012), also Language delay defined in this dissertation as the inability to use language in a natural way compared to the normal rate of development. Language delay can be caused by several factors, including genetic, nutritional, environmental, psychological, and educational factors. It can affect the ability to communicate and socialize, and may lead to learning problems in the future. there are also several types of language delay, including expressive language delay, receptive language delay, and mixed expressive-receptive language delay. Language delay can be treated through psychological therapy, speech and language therapy, and physical therapy , and to diagnose language delay, a speech-language pathologist or the speech therapist would evaluate the child's language skills and compare them to typical developmental milestones, this evaluation may include standardized tests, observations of the child's communication abilities, and interviews with parents or caregivers and to treat this delay the therapist may use a variety of techniques, such as play-based activities, to help the child learn new vocabulary, improve their grammar, and develop their ability to understand and use language and to ameliorate their language skills and improve their ability to communicate .

1. Statement of the problem

Since the existence of human beings, speaking has been the primary and almost the only way to communicate and express what's going on in every individual's mind. Speaking is an important life skill in today's world. It is an interactive process of constructing meaning that includes producing, received, and analyzing information Cole et al. (2007). Unlike the other two skills of language, speaking and listening are learnt by children spontaneously through imitation and repetition, however this is not the case to some children, especially the ones who suffer from language delay. Language delay is when a child is unable to use the spoken language, it is a problem that many children around the world suffer from, a problem that couldn't be dealt with centuries ago, and with the development of Orthophony and its expansion in the world, hope returned to the children who suffer from a language delay, and finally a correct and proper treatment was found for them.

2. Research questions

From the aforementioned introductory statement, it would be convenient to ask these questions;

- ❑ Does Orthophony support contribute to overcoming the language problems that the child suffers from?
- ❑ what is the role of orthophony towards diagnosing the linguistic delay ?
- ❑ Does early diagnosis of children's linguistic delay help to gain the right treatment?

3.Hypothesis

As a first attempt to answer the preceding question ,we formulate the following hypothesis :

- ❑ The role of the mechanisms and strategies that the speech therapist based on .
- ❑ Early diagnosis of children's language delay helps to gain the right treatment .
- ❑ Orthophony has an effective role in extracting speech problems.

4.Aims of the Study

The purpose of this study is to investigate language delay as an obstacle that prevents speaking and communicating properly and effectively. It tends to identify and investigate the causes lurking behind language delay and how does it start exactly. This study presents the term «Orthophony» to the reader as a way to treat language delay. It provides detailed definitions, explanations, and types of this method. Analyzing the techniques and tools that speech therapists use to diagnose and help reducing this phenomenon. Furthermore, the findings of this research paper are not only applicable to the purpose of graduation but also helpful to other parents who are facing the same problem of language delay. So, Orthophony can open doors for further research and present the term « Orthophony » to the ones who do not recognize it.

Other objectives are set to be reached:

- ☐ To raise families and parents' awareness about the important of Orthophony in their life.
- ☐ To focus more on language delay suffered by child. (Receptive and expressive language delay).
- ☐ This study aims to explore the danger of language delay on the children mental and intellectual health as well as his academic achievement in the future.

5. Research Methodology

5.1 The choice of the method

We opted for the qualitative research approach, which deals with collecting and analyzing non-numerical data, gathering in-depth insights and generating new ideas for research (Leedy, 1993). It is the most appropriate for our research because it deals with humanity and social sciences such as sociology, health sciences, history, and education.

The methodology that will be applied to this study has been chosen carefully to gather the relevant information needed for this study, in order to deduce conclusions about the effect of Orthophony on bettering children's speaking and growth. We opted for the descriptive research approach, which was defined by (Creswell, 2014) as a method that aims at describing phenomenon, situations and events that happens in the future. What led us to choose this approach is the fact the core of this study is made of medical scientific purposes, where we cannot apply the experimental approach on since it would be inappropriate yet unacceptable to start an experiment on patients. There is no chance that we can give orders or propose techniques to be done on the patient children since we are not speech therapists, we're just students. So, proposing or trying a new way of treating those children is not an option. So, observation, description and examining situations; which are part of the descriptive research approach, are the most suitable tools for such case.

5.2 Instruments and Data analysis

For the purpose of this research, and in order to achieve the objectives, we opted for the observation, which will be realized with children who are diagnosed with language delay in the Orthophony clinic of Dr (X) in Khenchela. The children will be observed for 15 days straight during the work times of the clinic. We also opted for an interview with Dr (X), the director and the therapist responsible for treating and dealing with the children who suffer from language delay.

5.3 Study Population

The study will be conducted in the Orthophony clinic of Dr (X) in Khenchela, Algeria. Our case study is the children who are diagnosed with language delay at an early stage.

5.4 Sampling Procedure

The research sample consists of eight cases out of 20 children. This sample ranges in age from two and a half to five years. They suffer from both simple and severe language delay (expressive and receptive) to varying degrees.

We chose eight samples out of 20 children, and we did not choose all, because there are samples that are similar to each other in the same problem, that is, the disease, and in the same causes of the disease, so we did not want to re-study the same cases that have the same causes and are treated in the same way, and we chose 8 samples existing and different from each other.

We emphasize that the orthophonic clinic receives children from two to five years of age, and does not receive children under two years of age, because it considers that this age is the age of acquiring physical skills, not language, and a child less than two years old is not considered linguistically late. The age of five years, they either enter the preparatory stage in school if their delay is slight, or they are sent to a rehabilitation center if their delay is severe and they suffer from autism or mental retardation.

5.5 Structure of the Study

This study is composed of three chapters. The first two chapters deal with theoretical aspects related to the issue under study.

The first chapter, entitled « Orthophony and Language Delay », develops under two main perspectives, the first one is to provide a comprehensive overview of both language delay and Orthophony, highlighting both of their development and definitions. The second perspective is to explore the different types, symptoms and causes of language delay as an attempt to find solutions for this issue. The second chapter, entitled « The Role of Orthophony in Creating a Safe Space for Language Delay Children », digs deeply in the theoretical core of our research; it is based on discussing Orthophony and familiarizing the readers with every aspect of it. Briefly, this chapter concentrates on showing and stating the role of Orthophony in treating language delay children. The third chapter, entitled « Methodological Framework; Findings and Results », is the practical part of this research paper. It provides the description, the administration, the analysis, and the discussion of children's observation and the interview with the speech therapist, adding some recommendations and suggestions to be taken into consideration.

Chapter one

Orthophony and Language Delay

Introduction

Nowadays speech therapy become one of the most important tools that can help people overcome speech and language difficulties, improve their communication skills, and build their confidence. It's a valuable resource for anyone who is struggling to communicate effectively.

It's known as Orthophony and it's a study and treatment of speech and language delay. Its goal is to help people communicate more effectively and overcome any difficulties they may be experiencing; Speech therapy can be very effective in treating language delay. A speech therapist can work with children to help them develop their language skills, improve their communication abilities, and build their confidence.

Section 1: Essence of Orthophony

1. Definition of Orthophony

It is an Arabicization of the French word Orthophonie, first circulated in France in 1828, meaning the pronunciation is correct and normal, it consists of two syllables, and it is a compound name of Greek origin (ortho), [Gr. Orthos, straight, phnein, to speak—phn, voice]. Meaning pronunciation and sound, and it is the language of phonological reeducation. (The Free Dictionary n.d.)

The term ortho phonics is used to denote the art of developing the voice for speaking, reading, reciting, or singing. This art, like all other arts, is based on certain principles, the knowledge of which constitutes science. The principles of orthophony are derived from anatomy and physiology, concerning the structure and function of vocal organs; the science of acoustics, concerning the formation of sound in general; and the science of music and the art of music, concerning the regulation of sound in particular. (Russell, 1896, p05)

Orthophony is the science of correcting and standardizing the pronunciation of a language. It involves analyzing the sounds and intonations of speech to improve clarity and accuracy. (Orthophony, n.d.)

Orthophony refers to the use of proper or correct pronunciation, especially in public speaking or formal language settings. It is a crucial aspect of effective communication and can enhance the credibility and professionalism of the speaker. (Merriam, n.d.)

Orthophony can also refer to the process of adjusting the tone and pitch of musical instruments to produce accurate and consistent notes. This is important for creating harmonious sound and precision in ensemble playing. (The Home of Language Data, n.d.)

Defined by Deplent: “Orthophony is a language medicine, including speech impairment, speech delay, dyslexia, difficulty learning arithmetic, etc.”

Defined in medical dictionaries as the correct pronunciation of words, and speech therapists are able to find therapeutic and preventive tools for recovery from the disease. (ركزة & جنان, 2018, p06)

Orthophony, also known as speech therapy or speech pathology, is a branch of healthcare that focuses on the diagnosis and treatment of speech, language, and communication disorders. It involves assessing, diagnosing, and providing therapeutic intervention to people of all ages who have difficulty with communication skills. (Let's Talk About Speech Pathology, 2016)

Speech pathologists examine, diagnose, and treat communication disorders, including difficulties with speaking, hearing, comprehension, reading, writing, social skills, stuttering, and using the voice. They work with people who have difficulty communicating due to developmental delays, strokes, brain injuries, learning disabilities, intellectual disabilities, cerebral palsy, dementia, and hearing loss, as well as other issues that can affect speech and language. Speech therapists can also help people who have difficulty swallowing food and drinking safely. (Let's Talk About Speech Pathology, 2016)

2. Origins of Orthophony

The Orthophony Institute was founded in Paris in 1828 by Dr. "Colomba with the goal of curing language difficulties, not to allay concerns of a return to prehistoric language barriers. This is when the name "Orthophony" first appeared. Démosthène, a Greek historian, wishes to share an anecdote. Use it to treat his speech impediment (dysarthria? stuttering?) He inserted stones in his mouth to balance out this disorder. There were various initiatives made in the 18th century to achieve linguistic re-cultivation. Professor of deaf education L'abbé de L'epée said that sign language was first used haphazardly and later became standardized in It was created under this category and is now widely known among deaf people worldwide. (ركزة&جنان, 2018, p08)

The researcher Boral maisonny (1995/1900) is the first to establish modern artofonia and was a student of Abi roslow, the founder of experimental acoustics, holds a bachelor's degree in education, specialized in acoustics and worked as the head of the artofonia department at Saint- Vanson-de-Paul hospital, and also worked a special children's hospital in Paris (1961/1926) and took charge of the artofonia Department of Henri Roussel hospital Paris (1974/1946). (عباس , 2015)

In the early 20th century, neuroscientists were able to link some turbulence to other injuries, and difficulties suffered by singers led to a search for voice disorders and their treatments. (ركزة&جنان, 2018, p09)

This work by Suzanne Borel-Maisonny (1900-1995), the pioneer of speech therapy in France, has undergone a new edition at the initiative of her daughter, Doctor Françoise Kadri-Maisonny. It is a part of the historical library necessary for any French-speaking speech therapist or speech therapist, in addition to any professional who deals with learning disabilities in children during his or her practice. (maisonny ,1986)

3. Orthophony in Europe and Algeria

3.1 Orthophony in Europe

A. Belgium: we note that, according to the Royal Decree of August 12, 1988, statisticians are quasi-medical professions. Belgian specialists work in maternity centers, detect hearing impairment, and work in maternity centers, screening for language impairment in infants and primary school children. (ركزة&جنان, 2018,p12)

B. England: The task of the Speech therapy specialist is limited to diagnosing and treating disorders of language, speech, oral and written language in a child, and his task is the same as that of the speech therapist in France. There are two types of training, the first requires a baccalaureate and then studies for four years at the University, and the second training enables students who have a bachelor's degree and who want to pursue this specialty to obtain a certificate after studying for two years. Students are admitted after studying their files in addition to taking tests, and this training contains basic and specialized theoretical modules, in addition to field education.(العطوي,2019)

C. Denmark:Established the first school for the treatment of speech disorders in children in 1916, and the Institute of Speech Impairments was established in Copenhagen in 1937 by professional professors in this field, the institute includes five majors : stuttering, speech disorders, cleft palate, deafness, and phonetics.(العطوي,2019)

The Danish healthcare system guarantees free treatment, which has resulted in all doctors working in the public sector. (ركزة&جنان, 2018, p13)

D. Portugal: The field of phonopedia is known as a new specialty in this country, where the formation began in 1962.each baccalaureate degree holder has the right to enroll in it. it lasts for three years and is carried out in two stages. the first, which includes two years in which basic and special subjects are dealt with. the second is one year and is devoted to conducting field education. the Portuguese phonopedic therapist performs the same tasks as the French orthophonic specialist, where he deals with and cares about language and speech disorders. Through the above, it can be said that no matter how different the nomenclature and the multiplicity from one country to another, the goal remains the same, namely, to help people with communication disorders, and the specificity of each country remains clear in the formation in orthophony resulting from the history of the emergence of this field and the extent of the need for it(العطوي,2019)

3.2 Orthophony in Algeria

For the emergence of this specialty in our country, thanks to one of the French specialists Mmezouabada, as well as Haj Saleh, a specialist in linguistics orthophony was founded in Algeria in 1973, the study was conducted over a period of 3 years and the student discusses the graduation memorandum.

The great credit for giving arthephonia the opportunity to stand out in the formation and defense of arthephonia, especially in the field of work, is due to Dr. Zalal Nasira, due to the lack of comprehensive knowledge of this specialty by those concerned, Nasira Zalal contributed to establishing the field of orthophony as an independent science through international scientific conferences in addition to references and articles published by the researcher, either the formation of arthephonians in Algeria, it is affiliated with the Departments of psychology, Educational Sciences and Orthophony, she has been studying in Algiers, Oran and Setif since the second year of university and received a bachelor's degree in art after four years of study at the University (one year Common stump and 3 years (specialization), and this is according to the old system. currently, she studies as a hexameter entrance to art for all first-year students social sciences, and the specialization is in the second year and she studies at most universities in Algeria. (2021بوعمامة ،)

4. Field of Orthophony

Orthophony is rehearsed within five introductory fields:

4.1 Examination of Oral and Written Language

It's the field that deals with the study of language in both its oral and spoken corridors, including the opinion and re-education of diseases that affect it, and these diseases can be epitomized as follows:

4.1.1 Oral Language Diseases

It includes speech diseases (organic and functional), speech diseases (speech detention and stuttering), and language detention (mild and severe language detention):

A. Speech Diseases: It's a complaint that affects the exits of letters, so moreover, the exits themselves carry a disfigurement similar to cleft palate, cracks at the position of the lips, distortion of the shape of the lingo or its connection to the bottom of the mouth through a towel, large or small size of the lingo, distortion of the teeth, or their absence, and this is called a speech complaint. Or through a mistake in the use of letter exits, and this is called a functional pronunciation complaint. The articulation complaint, whether organic or functional, appears in the deformation of some verbal sounds or their replacement with sounds that are analogous in adjective and adverb. (2022 , الحارثي & المرعشي)

- B. Speech Detention:** Speech detention is considered a functional verbal complaint that appears in the structure and sequence of verbal sounds within the word (the pronunciation of the letter is insulated and sound) and appears in the forms of either heart, omission, compensation, or addition, as the child who suffers from this complaint maintains the speech of the youthful child despite his advanced age. (The Rt Hon Nick Clegg, 2010)
- C. Mild Language Detention:** It's a severe lack of language, so that at a certain age, we find that the child doesn't have numerous vocabulary words for expression, so he resorts to many and simple vocabulary words and to signs in order to try to communicate what he wants to others. Temporal and spatial exposure, which is a functional rather than an organic language complaint and can appear from the age of 3 years old. (Terabithia, 2008)
- D. Severe Language Detention or Dysphasia:** It's the largest type of deep disturbance of language development in children that isn't the result of a known organic cause and appears in the form of a complaint in the association of speech that isn't erected on a base analogous to ordinary speech, as the child lives in a language field of his own. Poor forefather, audile perceptual complaint, disturbance in the generalities of time, space, comparison, and sequence. (Willacy, 2019)
- E. Stutteringn:** It's a complaint of the course of speech that's veritably much related to the cerebral country of the case. We find it frequently, between 3 and 4 times. It can go down and is called physiological stuttering. It may become pathological at the sixth time, i.e., at the academy age, and its main cause is relational (the relationship of the condition with its social terrain).(Hammond,2021)

Stuttering, also known as childhood-onset fluency disorder, is a speech disorder that causes frequent and significant problems with normal fluency and fluency. People who stutter know what they want to say, but have a hard time saying it. For example, you can repeat or lengthen words, syllables, consonants or vowels, or they stop speaking because they encounter a problematic word or sound. (Hammond,2021)

4.1.2 Diseases of Written Language

These diseases are also called academic literacy difficulties:

- A. Dyslexia:** Dyslexia is a disease accompanied by learning disabilities. These include difficulty reading due to problems recognizing sounds and matching them to letters and words. It has also been described as being caused by individual differences in brain regions that process language. However, it is not a matter of intelligence, vision or hearing emotional support plays important role in dyslexia, It can be difficult to spot the signs of dyslexia before school, until your child starts reading. However, common visible signs include speech delays, slow learning, word formation difficulties, memory difficulties,

processing and comprehension difficulties, hearing and visual difficulties, slow or difficult reading, and avoidance of activities involving reading, speaking, and problem solving. Undiagnosed and untreated dyslexia often persists into adulthood. (العنبي, 2016)

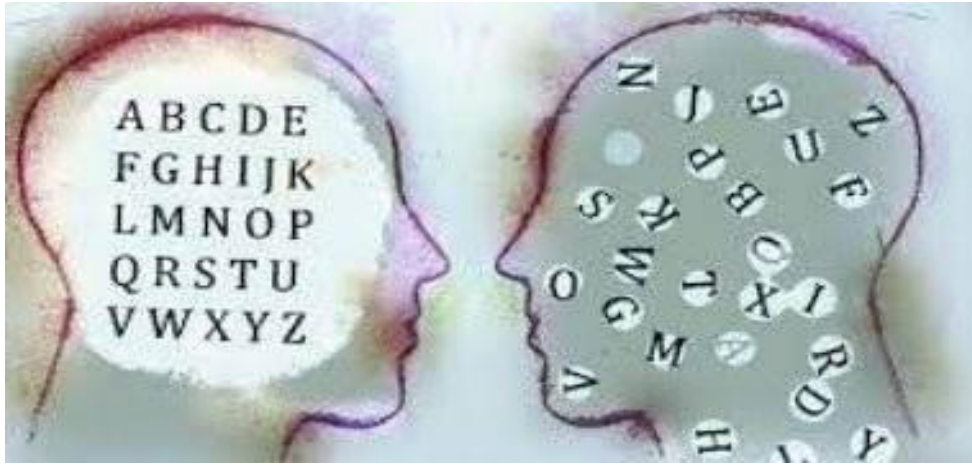


Figure 01: dyslexia

B. Dysgraphia: Dysgraphia is a neurological condition that causes writing difficulties. The disorder specifically results in distorted or inaccurate writing. When kids are first introduced to writing, the disorder typically shows itself. Despite receiving rigorous education, they write letters that are improperly spaced and sized, or they spell words incorrectly. for instance, substituting "boy" for "child."

Although children with the illness may also have other learning deficits, they often do not experience social or other academic difficulties. Adult dysgraphia cases typically start after some sort of trauma. (طنطانا, 2021)

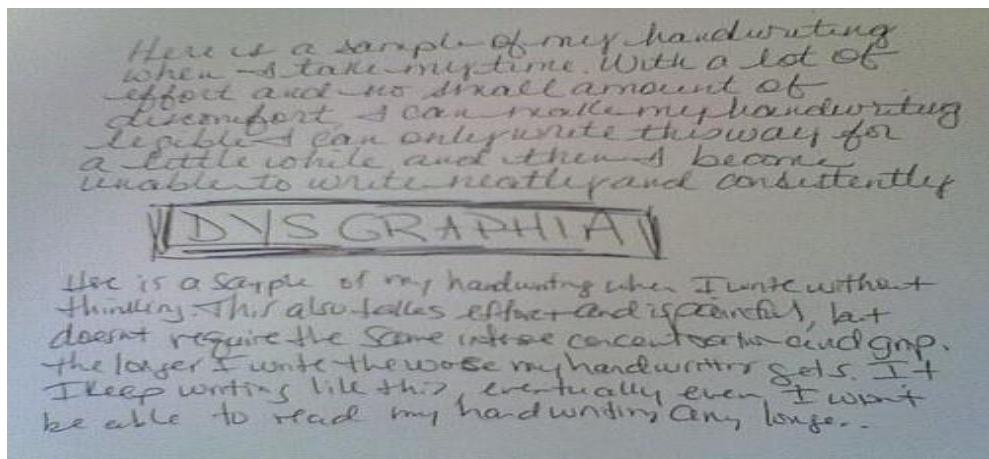


Figure 02: Dysgraphia

C. Dyscalculia: The learning disorder dyscalculia has an impact on a person's capacity for math. Dyscalculia affects brain regions that deal with arithmetic and number-related skills and knowledge, much like dyslexia does for reading-related brain regions. Although dyscalculia symptoms typically first manifest in children, it can also occur in adults, it

identified in children as young as age 9 and up, is the inability of a youngster to complete basic computation operations even when compared to his classmates. (الخريشه،2022)

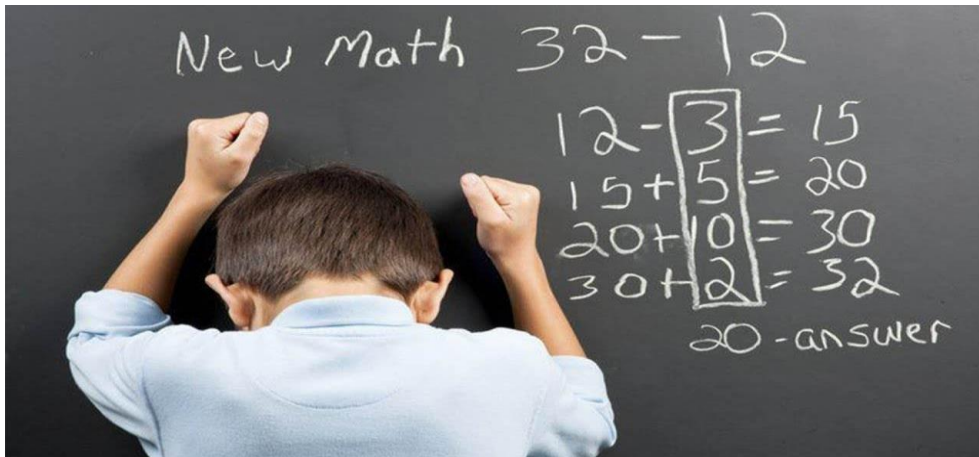


Figure 3 : Dyscalculia

4.2 The field of neurological examination

In this field, the nervous system, the colorful injuries that target it, and their impact on the language of the existent are known. Among the injuries and neurological conditions that affect language diseases, we find the most important complaint, which is aphasia, in addition to other conditions similar to Alzheimer's and Parkinson's:

- ▣ **Aphasia:** Michael Settles discusses what aphasia is like for him during stroke recovery. Two years ago, Mike had a stroke, a kind of brain injury that changes the blood supply to parts of the brain. He now has aphasia, a language disorder that affects the ability to express and understand language. By his words, it is a sentence, and words are hard numbers, i can see it, but I can't speak it. (Huykien,2023)

It's a neurolinguistic complaint that affects some areas of the nervous system. It's frequently caused by high blood pressure from some feelings and conditions, which leads to cerebral vascular shock affecting the areas responsible for speech and understanding, in addition to other causes similar to excrescences and accidents. We find it especially in the seniors.(Huykien,2023)

Still, the case loses the capability to speak but retains understanding, and it's called suggestive aphasia or Broca's aphasia in relation to its adventurer if the area responsible for speech (expression) is affected. However, the case loses the capability to understand and retains confused speech if the area responsible for understanding is affected. It's called open aphasia or Wernicke's aphasia relative to its adventurer.(Huykien, 2023)

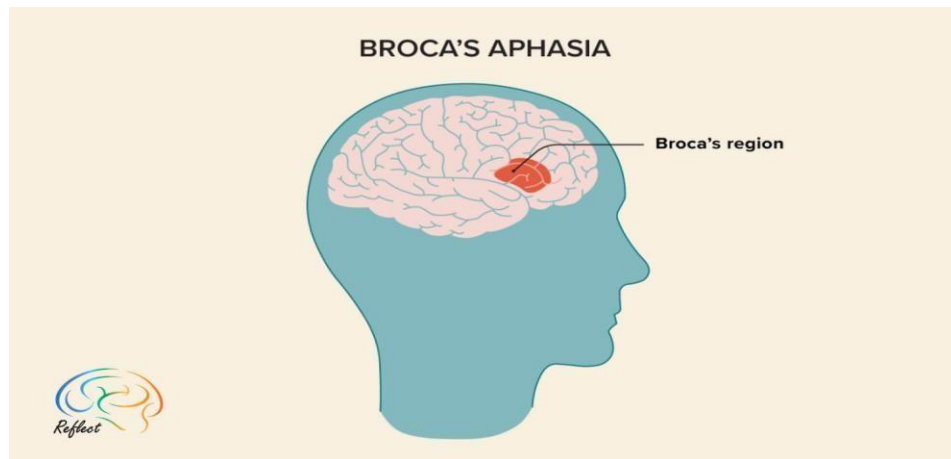


Figure 04: Broca's area , (Aphasia)

4.3 The Field of Hail Examination

This field is concerned with the study of cases of total and partial hail loss. It also works on diagnosing and beforehand taking care of them through audible education for cochlear implant holders and audio processing, with re-education of language diseases resulting from deafness of all kinds, as well as tutoring oral reading and tutoring sign language. (Aiboud.n.d.)

4.4 The Field of Sound Examination

This field is concerned with studying the voice, its characteristics and diseases, and the education of people who have suffered injuries and blights in their voice. These diseases affect especially the oral cords in the larynx, and the cause is either organic, cerebral, or functional. There are numerous types of oral diseases similar to hoarseness, cerebral stillness, and loudness of voice in children. Loss of voice in laryngectomees. (Reyes & modi, 2022)

4.5 The field of Intellectual Disability

This field is concerned with the study of language, its acquisition, its diseases, and the education of these diseases among people with colorful intellectual disabilities similar to internal deceleration, cerebral paralysis, autism, and Down syndrome, a mentally hindered child may have been exposed to either meningitis or a brain injury or other reasons similar to natural marriage or reasons that remain unknown, which results in a detention in the child's internal abilities, especially intelligence. It also results in a detention in all sensitive, motor, and cognitive functions, which leads to a detention in acquiring language and, therefore, its complaint. Mental disability requires a multidisciplinary platoon, each working with the case according to his specialization; they're the psychologist, the specialist counselor, the speech therapist, the social worker, the preceptor, and the specialist in motor recuperation. (Hannah A Pelleboer - Gunnink et al, 2019)

5. Orthophony Relationship With Other Sciences

Orthophony, like other disciplines, overlaps and interconnects with different sciences so that as it is interested in studying linguistic behavior in an individual and in particular the troubled side of it, we find that it has a strong relationship with everything related to the subject of language:

A. Linguistics: Is a fundamental pillar of the study of linguistic production, which is the production of linguistic and physiological units, and therefore proper and disturbed linguistic production can only be studied through linguistic analysis.

- ☐ The voice of the message or sentence that must be analyzed in terms of the acoustic level with its pronunciation, auditory, physical and phonological branches.
- ☐ The vocabulary of this message, which must be defined, analyzed and linked to its meaning and connotations.
- ☐ The structure and composition of this message, its components must be analyzed to determine each word's relationship with the other word.

Translation and understanding of this letter is real; this understanding is based on the previous background of the hearing of this letter or on the context in which it is contained and includes in this step lexical, indicative and deliberative meanings. (جنون،2020)

B. Medicine: Orthophony is a science based on multiple sciences, and through its close relationship with medicine, which is highly necessary and almost interferes in all disorders In some States, we find Orthophony as a semi-medical branch, that is, within the branches attached to medicine, so Orthophony should recognize all the organs that cause linguistic disorder directly or indirectly, for example: Lockup - we need to know the brain regions as well as the design of the Orthophony specialist to recognize the ear parts and the role of each of them as well as the vocal disorders we need to recognize the larynx As for speech disorders, knowing the correct tongue postures when pronouncing letters is something that needs to be done, Orthophony takes a lot of medical science, Anatomy provides sufficient information about the lung speech system and the rest of the breathing organs, throat, oral cavity and nasal hearing system of the middle and inner external ear the various parts of the nervous system and physiology provide adequate information on the mechanisms of the functioning of these devices, mental medicine gives information on various neurological diseases and language conditions, ear, nose and throat medicine provides very important information on hearing, dysfunction, sound and disorders. (Spakspoki & roo7ua, 2018)

C. Psychology: In Algeria, Orthophony is a branch of other psychology branches (school psychology, clinical psychology, linguistic psychology, Orthophony psychology, work

psychology...etc), Orthophony is a science that depends in many cases on psychology and its data, whether it is on the level of theory (new theories and ideas) or on the level of application (research tools and methods of sponsorship and treatment) Cognitive psychology provides important information about the processes that humans use during speech and language, clinical psychology gives data on the psychology of normal, sick, and abnormal individuals Psycholinguistics provides information on the conditions of language acquisition, understanding and production.(2009، فريال)

- D. Sociology:** The environment in which a person lives has an important role in his proper growth, upbringing, behavior, and the type of living that parents follow to raise children works either negatively or positively in his formation in addition until the request for first help is given to us by parents if they are aware, they may help the specialist the speech therapist on the early diagnosis of language disorders as well as the information that we need, and in order for the speech therapist to practice his job in the best way, he needs accurate knowledge of the social and cultural milieu and the patient's economy, from which he determines the sponsorship strategy, and he also uses the family and the school, which are two social institutions to implement the non-artificial sponsorship, meaning that they contribute greatly to the treatment of the child.(2021، بكوش)

Section 2: Language Delay Among Children

Introduction

Humans communicate with each other. We are all able to exchange knowledge, beliefs, opinions, feelings, desires, threats, commands, thanks, praise, promises and declarations, for example we can smile to express joy and we can shout to express anger or fear, and we can also squeeze a fist to express determination, we can raise eyebrows To express surprise, etc., but the basic system of communication between us is language. And as a first step towards defining language, we can say that it is a system of communication based on words and their composition into sentences. Communication through language can be referred to as linguistic communication, and the other methods mentioned earlier such as laughing, smiling, shouting, and so on are types of non-verbal communication.

It's important for families and parents to monitor their child's language development and seek professional help if they suspect a delay, Early intervention can make a big difference.

1. Definition of Language

While people deal with the language daily, most of them consider that knowing it accurately requires accuracy and study, but the basis is that the language is a term that expresses communication between people represented in phrases and words that create endless sayings for us, and the method of developing the language from the beginning remains a very clear puzzle until now, most people learn one language from childhood, and if the child does not interact with the language at a young age and learns the original language, it may be difficult for him to do so, then growing up is due to the development of the human brain.(Blakeley, 2021).

Also, language defined as a system of communication that uses symbols, such as words, gestures, and sounds, to convey meaning between individuals or groups. Languages can be spoken, written, or signed, and they vary greatly in terms of their structure, grammar, vocabulary, and pronunciation. Language allows us to express our thoughts, feelings, and ideas to others, and it plays a crucial role in our social interactions, cultural practices, and cognitive development. Humans are not the only animals capable of communication, but language is one of the unique features that distinguishes humans from other species. (Robert, & David,2023).

1.1 Language Skills

It is the linguistic ability to express ideas and communicate with people. Reading, writing, listening and speaking are the four basic skills and while communicating, people usually use a variety of these skills simultaneously.

The selection of appropriate skills usually depends on various factors, including the importance of the message, the number of people targeted, and whether it is a formal or informal communication, it is known that we combine language abilities during communication. And when these skills are used together, they are mutually dependent. For example, if listening is an input of information, then speaking is an output of information whereby individuals can intervene in the conversation or ask questions after listening. Similarly, writing is a summative result of what is read, understood and interpreted, which requires reading skills first. (Language Skills, 2023)

1.2 The Function of Language

Language has many functions, Sapir says, « It is difficult to adequately see the functions of language, for they are so deeply rooted in all human behavior that it might be suspected that there is little in the functional aspect of our conscious behavior in any language that does not come in disability.

The basic function of language, as it is known, is communication. In addition, language is considered a source of strong social relations, and it creates them through gatherings that bring people together through the bonds of a common language.

The next function is the transmission of information. The information includes propaganda of all kinds and even intentionally false information. It is said that language is often informational in nature because it reveals facts.

Language has the function of preserving heritage and cultural character, for example, and does not transmit history. Proverbs, medicinal formulas, prayers, folk tales, sermons, song texts, Folklore, speeches, song texts, are some of the forms that language takes as a tool for preserving culture. (Sarkar 2020).

Language is a clear indicator of personality. Where the vocabulary expresses the personality of the man in terms of the manner of speaking and the tone of voice. (Sarkar 2020).

1.3 Different between Speech and Language

How do speech and language differ?

Speech is a verbal expression of the language and includes articulation (how we form the word and produce the sound). Whereas, language is the giving and reception of ideas, and it must be understood, and the other party understands it through communication, either verbally, non-verbally, or written. (Julia, 2022)

2. Language Delay

2.1 Definition of Language Delay

Language delay refers to a delay in the development of a child's ability to communicate using language. It is typically diagnosed when a child's language skills are significantly behind those of their peers, and most commonly seen in children ages two to seven years old and can continue to adulthood. (Language ,2023)

It is also a type of communication disorder. Your child may have a language delay if they don't meet the language developmental milestones for their age, which either can affect their language abilities, or may be developing at a slower rate than most children's.

We say about a child that he is linguistically late, if the sponsor suffers from difficulties in speaking or pronouncing, and these difficulties are in understanding language, responding to it, understanding and pronouncing words, or forming a multi-vocal sentence. (Language Delay, 2023)

It says that a child suffers from a language delay if his language develops more slowly than children of his age, following the usual pattern of development. For example, a child may be 4 years old, but understand or use the language of a child of someone who is only 2.5 years old. The child may have a receptive language delay (understanding of language) or an expressive language delay (using language). (Language Delay, 2022)

Linguistic delay is considered a disturbance in communication, including pronunciation, language and hearing. Linguistic development appears beginning with babble and the first words and sentences of the child, within close age groups. However, we find a difference in the child's linguistic abilities in speech. Most children acquire excellent verbal communication by the age of three. While other children, at the age of two and a half, do not speak at all, but soon begin to form a sentence of 3 words. Another child in the tenth month may speak several words, and other children begin to speak at about 12 months, progressing steadily. (Children's Health: L, 2023)

Global linguistic delays are more common among children and adolescents, whose pregnancy the mother consumed a high percentage of drugs, including cocaine, and the linguistic delay may appear in difficulties in comprehension, perception, phonology, and sentence construction, and this is considered as a result of future learning difficulties related to language and Mathematics at a late age, learning difficulties and the direct effects of medication or exposure to family problems remain unclear. (Lianne J, 2018)

2.2 Different between Speech Delay and Language Delay

Language delay is often confused with speech delay, and it is difficult for untrained professionals to tell the difference, but there are distinct differences. Speech is the physical act of producing sounds and saying words. It is often difficult to understand a child with a speech delay. Although they may use words and phrases to express their thoughts, they often have trouble forming the correct sounds. This causes frustration for specialty the new parents. (Expressable, 2022)

Linguistic delay is a problem in understanding and hearing or putting together words to give them meaning, but speech delay is a problem in making the sound turn into a word, which is a physical act.

In language delay, the child says understandable words, but they are limited and few, but in speech delay, the child says many words, but they are difficult to understand.(Staff, 2021)

2.3 Symptoms of Language Delay

Symptoms of language delay in a child are increasing difficulties in reading, writing, attention and social communication, clinicians must be alert to parental concerns and whether or not children meet expected developmental milestones, there is currently insufficient evidence to recommend or how to screen for early speech and language delays, but, a thorough developmental evaluation may be necessary, because atypical language development can be a secondary feature of other physical problems that may present first as language problems.(Am Fam Physician, 2011)

Also language delay has many symptoms observed in children who reach the age of 2 who suffer and may utter at least one word, and most of the common symptoms start from the age of 18 months, where we find that the child does not babble and replaces saying with sound and does not understand the formulation of speech, and at the age of at the age of 2, it was observed that the child only repeats the words he hears and does not like to communicate and does not say the appropriate words for each event, at the age of 3 years, we see that the child has difficulty communicating and says short sentences, as for the age of 4 years, we find that the child has poor

in expression and sentence formation, as well as pronunciation, and the child may forget to say a word outside the sentence, such as verbs or nouns.(Kyle Bradford J, 2022)

There is a certain group of children who are exposed to language delay, some believe that the cause is often not clear, but most of the time most of them suffer from genetic symptoms, such as the suffering of one of the individuals from a prior disorder of the language, or the difficult and early birth of the mother, and there is also hearing loss, autism, or thinking disabilities, as well as genetic disorders such as Down syndrome. (SMCH, 2023)

Medical tests include the first diagnosis of language delay, and parents or his teachers are usually the first to notice this condition, but the diagnosis must be made by speech specialists based on a set of tests that he conducts to evaluate the delay and treat children. The specialist can take a questionnaire, interview, or hearing tests with the child to obtain more information.(topdoctors, n.d.)

Child who suffers from a natural language delay has excellent non-verbal communication skills, that is, he compensates for his language delay by pointing his finger and descriptive signs, and pays attention to others when they talk to him, In addition, the child who suffers from a natural language delay improves his language skills quickly when the parents pay attention to the problem and work to rectify it, and if the linguistic delay is due to a medical or behavioral problem, parents may notice that their child does not respond to his name when called, does not focus or pay attention to others while talking to him, and also does not point his finger at the thing he wants, and does not use descriptive signs. I am moody and nervous, do not always follow orders, imitate others, and play poorly. (العوهلي, n.d.)

3. Types of Language Delay

Despite concerns associated with a child's language delay, the condition is uncommon; As they make up one in every five children, language delays are mainly divided into two types:

The first: primary language delay unrelated to any other associated difficulty. It is a simple linguistic delay.

The second: secondary language delay, which occurs in pathological conditions such as autism and hearing impairment, or general growth delay.

It is a severe or pathological language delay There can also be problems with expressive language, meaning that the child finds it difficult to communicate verbally or problems with receptive language, when a child has difficulty understanding language. (هنداوي, 2022)

But there are three different known and common types of language delay, including receptive language disorder: which is difficulty in understanding and listening to language and words, and it may be answered by an incomprehensible saying.

The second type is expressive language disorder: which is difficulty in using language. They understand what is being said, but they cannot translate it into speech and express their thoughts through language, this disorder may affect spoken, written and sign language as well.

Mixed Receptive and Expressive Language Disorder: It is a combination of the two, and the child here finds it difficult to understand what others say and communicate the idea to others together. (Radhakrishnan, 2021)

As we mentioned above from the types of language delay, there are two main types of language disorders: receptive language disorders and expressive language disorders, reception language delay occurs when your child has difficulty understanding language, expressive language disorder occurs when your child has difficulty communicating verbally with others. (Husney & Pope, 2021)

One of the signs of language delay is delays in expressive and receptive language, which are the most common, and may appear in your child as difficulty in expressing his needs verbally, as well as difficulty in understanding and following instructions. (Haskins, 2021)

In short, research has shown that early language delay for a child is linked to his language skills, as well as other skills such as reading and writing. Studies have shown that this delay is linked to brain functions that are unique to children in the primary stage who suffered from early language delay before schooling. (Raschle et al., 2015)

3.1 Expressive Language Delay

According to the American Speech-Language-Hearing Association (ASHA), expressive language delay is a type of language disorder that affects a child's ability to express themselves through language. This may include difficulty with word retrieval, using appropriate syntax and grammar, or forming complete sentences. (ASHA, n.d.)

Expressive language disorder is one of the common and recurrent conditions in children, and it is characterized by a severe delay in the development of expressive language compared to comprehensible language and cognitive skills. (Fischel et al., 1989).

Other signs must be looked for. To enter more on the signs of delayed expressive language, including Difficulty forming sounds and linking words Your child has a limited vocabulary for his age, one of the signs of language delay is that the child uses certain vocabulary such as “Um” “Ba”

instead of understandable words and phrases, and we find that he says mixed words and sentences and is unable to pronounce the word or tell a story.

The focus is usually on the risk of being late for two -year-olds because the younger ones do not understand complex instructions. (Haskins, 2021)

However, there are some signs to look out for, including difficulty attending language, listening and paying attention to it, such as stories, difficulty following orders, being careful to repeat words, or saying random vocabulary, children who suffer from a delay in expressive language have several problems represented in combining words to form correct phrases and sentences. Children may use an incorrect verb form, such as “goed” instead of “I go,” or omit some important grammatical words, such as saying “I go” instead of “I am going.” Most of them have a smaller vocabulary than Average for their age in short, they have difficulties putting phrases and sentences together to express their ideas and needs and they also have problems remembering words as well as using language appropriately in different settings with different people. Symptoms of expressive language delay may vary from child to child. It depends on the age of the child as well as the degree of vulnerability. (Creative Therapy Associates,2021)

Researchers found that severity of expressive language delay was a predictor of continued delay in a group of late talkers identified at 24-30 months. And within a sample selected for expressive but not receptive delays, children whose vocabularies were very restricted at 2 years of age (e.g., 8 words or less) had a worse prognosis than those who had a vocabulary of 20 or more words at that age. In Thal's studies, only receptive language and gestural communication had significant predictive value within the preschool period, so the expressive language delay is more dangerous than the receptive language delay. (R; 2003).

we can say that expressive language delay is a communication disorder that results in difficulty in both verbal and written expressions, that expressive language delays are characterized by difficulty in expressing oneself, feeling, thought beyond simple sentences and a limited vocabulary. It manifests in inability to use spoken language that is appropriate for one's mental age, poor vocabulary, and difficulty producing complex sentences. (Chidimma, 2019)

3.2 Receptive language delay

According to the Centers for Disease Control and Prevention (CDC), receptive language delay is a type of developmental delay that affects a child's ability to understand language. This may include difficulty following directions, understanding questions, or comprehending what others are saying. (“learn the signs. Act early.” 2022)

There are two factors to pay attention to: the receptive language and the use of gestures. Receptive language is the understanding of language. The use of gestures is an indicator of understanding of communication. A good example of this is that children can learn basic sign language before they can speak their . (“Take online courses. Earn college credit...”, 2015)

Understanding receptive language is critical to a child’s development. It is the key to helping the child clearly articulate his or her wants and needs, by understanding how to engage in conversation and understanding what is being said. That is why catching a receptive language disorder early is very important, as the earlier a speech therapy intervention is started, the easier it is often to correct speech or language problems. (Sherred,2021)

Signs of Receptive Language Disorder are in that the child responds to what others say or may respond in off-topic ways. Despite their age, they may also misunderstand what people say and take things the wrong way. (Belsky,2021)

The first and main sign and problem that a child with receptive language delay faces is that they have difficulty following instructions where if you ask them to put their toys in a certain basket, they will not do so. Not because of stubbornness, but they really can’t organize the information in their heads. It is often difficult to identify comprehensible language delay in young children because they are not usually required to perform complex tasks or follow long verbal instructions. Another sign of comprehensible language difficulty is if they answer a question: “what,” “where,” “why,” “when” or “who,” with information that is not relevant to the question. For example, if you ask « Where’s the ball? » And when they answer « blue, » it’s a sign that they didn’t understand the question and are just hoping they gave you the right answer. (Geller, 2023)

There are also some common signs of receptive language delay:

Indifference when people talk to them as they do not follow directions, in addition to having trouble answering questions and interrupting speakers as they ask challengers to repeat what they say with misunderstanding of what is being said, especially jokes. Most of them are isolated or shy. They may not respond when people talk to them because they did not understand what was swith a receptive language delay has trouble in following directions, and this can affect his or her social interaction. The average young child in the 2- to 5-year-old age group responds to you when you call his name, follows instructions, and interacts with you when you talk to him. If you say to your child, « Let’s go play with your toys, » He will run to play and grab or point at the toys and your child can then collect the desired toys. A sick child may struggle to follow verbal instructions, may be puzzled by the phrase « let’s play with your toys » and not respond and become confused,

some common receptive language delay symptoms represented when a child take a lot of time deciding what to talk or write about. (Wweishaup,2022)

Children with receptive language disorder have difficulty understanding language. They find it difficult to understand the meaning of the words they hear and see. This includes the people they talk to. A child with a receptive language disorder may have trouble: Understanding gestures that people say, difficulty learning new words, answering questions, following directions, or identifying objects. (Language Disorders,n.d.)

In younger children, it is often difficult to identify receptive language delays. Your child has difficulty attending to language and listening to it. Your child struggles to pay attention during group time in preschool. Has difficulty listening during shared story time. Does not follow lead. That other children of the same age can follow, and the child may respond to questions by repeating the question or giving unusual answers. (Haskins, 2021)

3.3 Mixed Expressive_Receptive LD

According to the National Institute on Deafness and Other Communication Disorders (NIDCD), mixed expressive- receptive language delay is a type of language disorder that affects both a child's ability to produce language and their ability to understand it. Children with this type of delay may have difficulty communicating effectively with others and may struggle with social interactions. (NIDCD ,n.d.)

For both types mentioned the main problem may be: content (words and their meanings), form (grammar or word order), or usage (the ability to understand and use language appropriately). Causes of language disorders may include hearing loss, cognitive impairment, emotional distress, lack of exposure to language in the environment, or brain injury. Often the cause of a language problem is unknown. (Home, n.d.)

Children with delay in receptive and expressive language They have great difficulties in using and understanding spoken and written language, in processing and understanding the words they hear, and they have a low ability to convey speech and express themselves using words. thoughts; They usually have difficulties with short-term auditory memory. (Sever language disorder,2023)

4. The Cause of Language Delay

4.1 Reasons of LD in General

Common and well-known reasons that may be a cause of language delay in children, including:

- ❑ **Hearing impairment or loss:** Hearing impairment is one of the causes of severe language delay, so the mother must take care and monitor the child's discomfort from loud sounds and measure his hearing ability. (الحمل، حاسبات n.d.)
- ❑ **The effect of the surrounding environment on the child:** the environment greatly affects the development of the child's language or its delay, as the presence of the child with people who do not speak much or have bilingualism affects him and his speech, and the contact of the sponsor with children helps him to acquire the language. (اسماعيل، 2019)
- ❑ **The psychological state of the child:** Most children prefer to remain silent and not to speak because they are not subjected to bullying, either in kindergarten or at home, especially those who are two years old. These negative comments affect the child's psyche and make him not speak. (صالح، 2021)
- ❑ **Distortion of the teeth:** they contribute greatly to speech disorders, because the teeth participate in the process of pronunciation, as they are the exits for some sounds, so the fall of the upper front teeth, for example, is often accompanied by speech disorders that appear to be temporary, as they disappear with the emergence of new teeth, as it turned out that children can be trained to put The tongue is the place of those teeth to compensate, and then it resists speech disorders. Also, the presence of severe weakness in the bones of the upper jaw is considered a major problem because it delays the process of growing teeth, or distorts their shape as well as impedes the movement of the tongue. It may affect the movement of the tongue again and then lead to more speech disorders. (العفيف، n.d , p11_12)



Figure 05 : Distortion of the Teeth

Occurrence of deformities in the teeth or tongue, or the child's cleft palate, or some laryngitis, or congenital deformities, as this leads to a language delay for the child, especially when compared to children of the same age. (الإخبارية العين, 2016)

- ❑ **Tongue-tie - also known as Ankyloglossia:** is a condition in which a baby's tongue is stuck to the floor of their mouth. This happens when the frenulum of the tongue is too short. A short frenulum can restrict movement of the tongue, ankyloglossia is most common in newborns and young children, but adults can get it, too. Tongue-tie is a congenital condition that an individual may be born with. (عيسى, 2016)

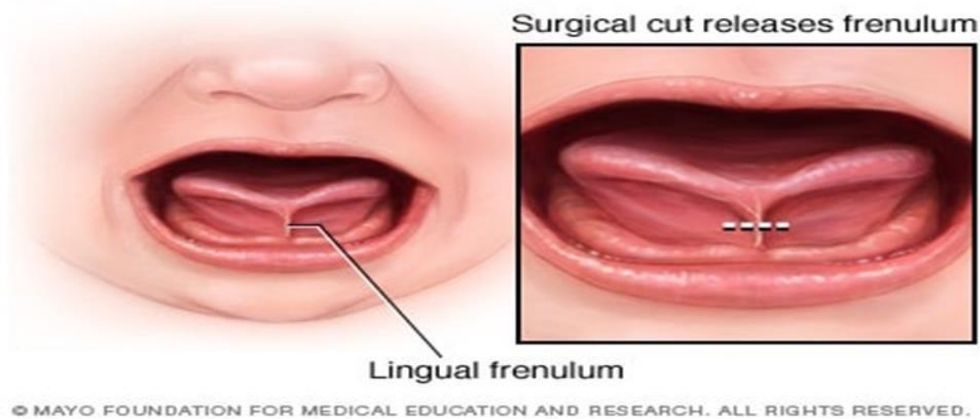


Figure 06: Tongue - tie (ankyloglossia)

- ❑ **Pronouncing Words Incorrectly:** most parents pronounce words in front of their children incorrectly, which makes them repeat them incorrectly and get used to the words correctly in front of the child, which makes them repeat the words incorrectly and get used to it. (الدمرداش, 2016)
- ❑ **Bilingualism:** Many have disagreed on the issue of bilingualism. There are many studies confirming that the child's language is not affected when there is more than one language in the home. The linguistic systems used in each language, such as sentences and grammar, and this difference will disturb the child's ability to acquire language or cause confusion between the two languages in the child, and thus the child's loss of the ability to speak. And we, in turn, point out that the presence of more than one language in the child's environment will certainly affect the child and his language, from our practical experience, we noticed that there are children who were late in acquiring the language or acquired the language improperly only because there is more than one language inside the home or because the language used is In the nursery (or kindergarten) the child is enrolled in. (الصبي, 2005)
- ❑ **Decreased Mental Abilities:** most of the scholars unanimously agreed that people with low mental abilities have a delay in language and speech disorders, and vice versa is not true. It is

noted that the severity of the mental disability is affected by weakness on his language delay, that the child has a slight mental disability, but the language disorder is moderate to severe, and the reason here is that Language is considered one of the high mental abilities in the brain and is classified as one of the higher functions in the brain. In general, we notice the following linguistic manifestations in children with mental disabilities: as a complete absence of language or any means of communication and a clear weakness in the expressive and receptive linguistic abilities. As well as slow in the stages linguistic development in general. (فوزي, 2016)

- ❑ **Premature Birth:** most research indicates that children who are born prematurely have a language delay rate that is much higher than that of other children who were born at the correct date. (ghneima, 2021)
- ❑ **Environmental Contrast:** most children who suffer from neglect, abuse, or isolation have difficulty learning how to speak and therefore suffer from language. (Belén del Río, 2022)
- ❑ **Genetic Factors:** language delays are found largely in children whose parents had a language delay at a young age or in their childhood, or the presence of inheritance of language delay or a speech disorder in the parents' family. (شريهان, 2022)
- ❑ **Cleft Lip (hare) and Cleft Palate:** cleft lip and cleft palate are congenital skeletal abnormalities caused by atypical embryonic development. As a result of an interruption of embryonic development between the fourth and tenth week of embryonic or fetal development ·fissures are described on the basis of the involved organs affected. Clefts can be isolated and classified (cleft lip only or cleft palate only) or they can occur together. It can be unilateral or bilateral, and it can be complete or incomplete. (الطفال لدى والنطق اللغة اضطرابات أنواع أهم, 2023)

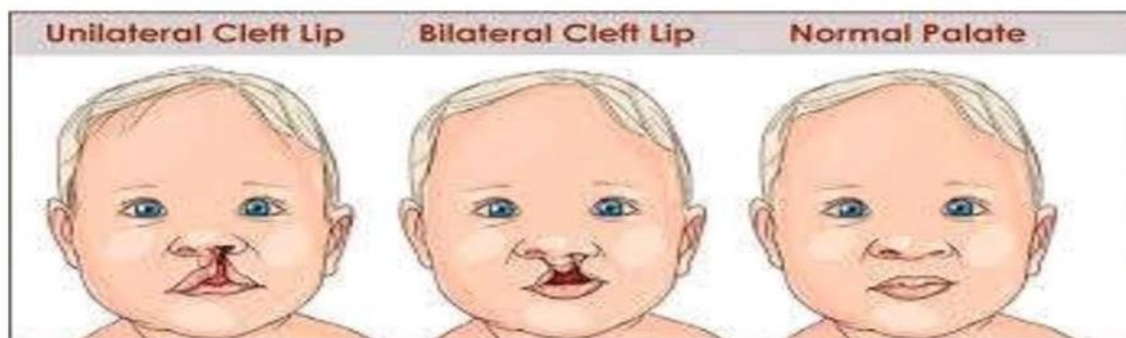


Figure 07: split lip (a congenital problem)

4.2 Cause of ELD

The main reason for the delay is the expressive language, but it could also be due to a certain disability. Some conditions associated with expressive language disorders such as developmental disorders, including brain injuries, autism, or congenital defects such as (Down syndrome, encephaloplegia), dysfunction or premature birth, malnutrition or low birth weight and hearing loss caused by Ear infections without forgetting family history, but the main reason remains unknown. (Manhattan Letters & Selinger, 2023)

4.3 Cause of RLD

Most of the causes of language delay are not known but are directly linked to areas of the brain responsible for language and development. For example, forming a sentence with words in the correct order involves skills such as working memory, organization and planning. And its weakness leads to a delay in the language. According to the American Speech-Language-Hearing Association (ASHA), language disorders may be caused by any of the following: problems related to childbirth, such premature birth, low birth weight, trauma or Physical problems, such as hearing loss.

Developmental disorders, such as autism or generalized failure to thrive. Exposure to a teratogen (a substance that can cause a birth defect), such as alcohol or drugs during pregnancy, and brain injuries or disorders, such as stroke, tumors, and cerebral palsy all lead to a brain disorder and thus language delay. (“Receptive language disorder...”, 2019)

5. Consequences of LD Among Toddler:

From a behavioral point of view, the problems related to the expression of expressive language are considered future risks for the child in his future academic achievement because it greatly affects the spoken and written language. (Kimberly B. SchauderWoon Ju ParkLoisa Bennetto et al., 2019).

Most children with a language delay experience difficulties in development, academic achievement, and psychological and social adaptation at school. Previous studies have been conducted on children with language problems, including those with language delay (when children acquire language more slowly than other children). At their age that it causes functional impairment in daily life that is associated with a poor prognosis, with no known biomedical etiology. (Landry et al., 2020)

Compared to children who develop normally, children with language delays have the fewest number of friends and we notice that they do not participate in most social activities, which causes the child social difficulties. including social withdrawal and difficulties joining peer groups; They

also find it difficult to persuade others; or responding to conversations children and young adults with developmental language disorders: They may withdraw socially in response to the effects of their disorder (which includes difficulty talking to others and rejection from their peers). Also, the linguistic delay was caused by their frying, and heart disorders were diagnosed for most of the late linguists, and They may also have deficits in social skills. (Kinnane, 2020)

Conclusion

We conclude by noting that Orthophony plays a big role in correcting pronunciation of words or sounds in language. It is often associated with speech therapy and the correction of speech disorders, language delay or other difficulties. The goal of Orthophony is to help individuals improve their speech intelligibility and clarity, in relation to language delay, Orthophony can play a role in addressing speech and language difficulties. Language delay refers to a delay in the development of language skills in children. It can manifest as a difficulty in understanding or using language at an age-appropriate level.

Chapter two

**The Role of Orthophony in Creating a Safe Space
for L.D Children**

Introduction

Orthophony is concerned with the study and treatment of language, speech and voice disorders, regardless of the age of the patient, as well as the cause of the disorders, and Orthophony is a science that appeared recently in Algeria, but it was able to make a place among other sciences. Orthophony is a multidisciplinary science and has a close relationship with other sciences such as psychology, sociology, medicine, pedagogy, linguistics...etc. of the sciences, and conditions such as intelligence, self-confidence, the method of dealing with the patient and diversification in treatment methods and techniques must be available in the specialist, As for the disorders that the speech therapist treats, they are represented in language disorders, whether they are oral, such as delayed speech, or written, such as dyslexia, in addition to language disorders resulting from congenital and acquired hearing impairments, or disorders resulting from brain injuries, as well as disorders of sound production and language disorders among people with mental and motor diseases and mental.

Section 1: Orthophony Sponsorship

1. Necessary and Goal of Speech Therapy

Speech therapy contributes to the treatment of children and adults and improves their communication and language skills. No matter what is affecting his ability to speak or communicate effectively, speech therapy can improve his quality of life. And a person needs health care and speech therapy if the individual or his child suffers from a problem with speaking, hearing, or using language, the primary goal of speech therapy is to improve a child's communication skills to enhance his success in daily activities, his academic performance, and his social and emotional relationships. Speech therapy may focus on pronunciation and fluency (such as stuttering), receptive language (such as understanding), or enhanced communication. Improving communication skills allows the child to enjoy communication with peers, participate in more social interactions and ultimately improve their quality of life. (Hollandwebdev, 2020)

Most speech and language therapists have experience with communication. They work with children, young people and adults with learning disabilities throughout their lives. Orthophonia ensures that they can be optimally supported so that people can eat and drink as safely and pleasantly as possible. Use experiences and strategies of communication and working with people, partners and environments, to support communication for better quality of life, choices, participation and independence. Speech therapist exams work with people with learning disabilities across a variety of contexts, in different services and settings in many different settings. (Speech and Language Therapy, 2023)

The Orthophonyspecialist is also known in the Orthophony Dictionary as that employee in the health sector or health assistant who has obtained a certificate of proficiency in Artefonia, and carries out prevention, detection, evaluation, diagnosis and rehabilitation of voice, speech, oral and written language disorders during expression, understanding and communication. Oral, written and swallowing disorders, among individuals of different age groups, Known also by Danielle NEDJAR and Gilles REVAUX, the speech therapist is a specialist who deals with communication disorders (verbal and non-verbal) that appear in individuals of all ages, And from thatthe speech therapist psychologist means a person who has at least a bachelor's degree in

Orthophony in the Department of Psychology, Education Sciences and Orthophony, and works in a public health hospital affiliated to the Ministry of Health, or for other public or private sectors. And this person must be able to contribute to the detection, evaluation, diagnosis and treatment of speech therapist by applying and interpreting the orthophonic tests, studying individual cases, and conducting clinical interviews. (Nedjar & revaux , 2004 , p 08)

Speech therapy is one of the effective methods that contribute to focus and improve the child's ability to speak, express and use language properly. There are many speech therapists, or SLPs, who work hard to help children who have speech or language difficulties. Speech therapy works on both language and speech, and based on the degree and seriousness of the disorder, personalized treatment plans are drawn up, which consist of practicing many oral exercises and using audio-visual aids and others. (CKBH, 2022)

Most studies report that speech therapy is an effective way to help children and adults develop their communication skills. One of the studies conducted on more than 700 children with speech or language difficulties showed that speech therapy had a significant positive effect on improving the level of pronunciation of some children and confirmed that the results of the orthophonic intervention were successful and gave a significant improvement in the way of communication and thus improved speech. Other studies of patients with aphasia confirm that 16 sessions over eight weeks are sufficient to improve the ability to communicate for patients. (Rowden & Arquilla, 2021)

The importance of Orthophony is to help children communicate and interact with their world. They are always there for us children who have difficulty speaking, understanding, writing, feeding or swallowing. Where they work hand in hand with specialists in the field of ear, nose, throat, hearing and physical rehabilitation. And they have modern communication technologies and devices that help treat the child, where the specialist evaluates your child and develops a care plan based on his needs and abilities. offer activity training at home for families, the first primary goal is to build the child's skills and confidence in expressing himself. And success and access to the ability to speak, (Speech & Language therapy, n.d.)

Speech therapy is important and effective at the same time, and a benefit for those who suffer from cognitive health or memory loss. Speech-language pathologists are effective experts in terms of providing guidance and support, enhancing cognitive function and improving it for the better. Speech and language therapy is useful for adults and children Those who also suffer

from memory loss due to certain diseases that speech therapy works to treat by addressing memory and cognitive deficits by stimulating certain areas of the brain and helping to improve speech as well as improving retention of information and assisting in expression and the fluidity and advancement of speech. (Great Speech, 2022)

Speech therapy has many areas Expression, voice, hearing, language, perception, social communication, fluency in speech, communication methods, and swallowing. (Communication Sciences and disorders master of science in speech ... - UWSP, n.d)

Speech and language therapists' profession is limited to evaluating and treating people with speech, language and communication difficulties and helping them to communicate well. With all age groups, they also work closely with parents, caregivers and others, such as teachers, nurses and occupational therapist, the role of Orthophony is providing treatment, support, and care for children who suffer from language and other problems, and they are treated through individual and group sessions, and in a direct way, even with parents and other family members or the teacher. (Factsheet, 2021)

The Speech therapist diagnosis and treats problems related to human speaking and pronunciation, as well as evaluating the person's skills and ability to speak and his language that he acquired from education and its impact on the surrounding educational, social, medical and psychological factors, in addition to developing rehabilitation programs for those who suffer from speech and language problems and rehabilitation to treat problems Communication and increases the efficiency of communication with others, whether resulting from organic factors or inorganic factors, as well as providing guidance and language therapy for individuals. Review the medical history to obtain sufficient information that increases his understanding of the condition so that he can determine the tests that are appropriate for each case and take into account the differences between cases and some of them. Provides auditory and speech tests and analyzes the results ,he helps the patient to develop his individual plans and help him to satisfy his needs and tendencies, in addition to that he evaluates the developments that occur in the pathological condition of individuals, and helps those who cannot speak to study sign language, as well as trains healthy people to help the disabled and how to use the devices for the disabled, as well as detecting disorders Communication, evaluation and interpretation. It provides auditory rehabilitation services to people who cannot hear and their families, and teaches them how to

communicate. And rehabilitate some people with disabilities and help them prevent exposure to speech and language disorders. (Factsheet,2021)

2. Orthophony Sponsorship

It takes place through 3 important stages: the patient's family history and the surrounding environment, and the orthophonic budget, so that the specialist determines the test that the patient needs according to his age, and additional examinations. Guidance of the family to other medical and psychological examinations that must be conducted for the patient.(رضا, 2020)

2.1 Case History

It is considered a way to collect information about the case (occurs during the interview) through questions addressed to the child's parents, his private doctor, teacher, or directly to him if he is an adult and able to answer, and the case health book can also be used, by addressing:

Date of birth and pregnancy

For example: How was the birth easy or difficult?

Growth history

For example: What is the child's walking age?

Medical history

For example: When did the disorder begin and what are its symptoms?

Family history

For example: Is there a genetic disease in the family?

Academic history

For example: Was the child's schooling normal and how is his academic achievement?

These questions vary according to the type of disorder and the age of the case, in addition to questions specific to the patient's initial data and the socioeconomic and cultural status of the family. (بکوش، 2021)

2.2 Orthophonic Budget

which relies on medical and psychological data in order to find out as much information as possible about the child's family and medical history, information about the child's sensorimotor side, information about hearing, vision, and language development, in addition to testing each

of the language and examining The articulatory system and collecting information about tribal acquisitions from the concepts of colors, sizes, physical and lateral planning, and the temporal and spatial structure without forgetting the IQ test (intelligence test) , and we must rely on medical and psychological documents and what the mother tells through her answer to our questions as well. on language tests. Also, we should not lose sight of the aspect of accuracy of observation, and it would be preferable if it took more than one share to fill the budget in order to slow down in judging them. (محمد، 2014).

The first meeting with the speech therapist is always what is known as the orthophonic budget, and this is after the person submits for consultation as previously mentioned. The various elements that the budget aims at are: Prevention, which is educational advice provided to the institution in which the child studies, and early intervention in order to deal with the disorder, based on parental guidance, requesting secondary tests for the sake of sponsorship, which is represented in the specialized examination at ORL, in order to evaluate the sense of hearing, or a neurological examination, or an examination with a clinical specialist. (جنان & ركزة 2018, p32)

A. The Budget contain

Dialogue with the examinee and his family in order to limit the problem at hand. Anamnesis: which is allowed through the medical data provided by the attending physician, which contains all the medical and developmental data of the subject, and which allows us to understand the language disorder anamnesis: allows us to understand the family environment as well as the development and growth of language Which led to injury and personality disorders.

- ☐ Observing the behavior of the examinee. (2018, p33, ركزة & جنان)
- ☐ detailed clinical orthophonic examination that includes sound and speech examination, language analysis into its pronunciation and comprehension components, an audiovisual examination in addition to the written language analysis (reading, arithmetic).
- ☐ Components of time and space.
- ☐ Evaluation of the examinee's abilities in all fields of voice, speech pronunciation, oral and written language. (2018, p33, ركزة & جنان)

B. The Orthophonic Budget Allows to give

- ☐ Suggestions for additional tests, especially medical examinations
- ☐ Suggestions for orthophonic intervention in order to ensure post-diagnosis
- ☐ a state of prevention in order to avoid the emergence of other disorders

- ☐ The predictive state that allows setting the warranty period.
- ☐ The budget is a means of information and prevention: it goes beyond the framework of the disorder and diagnosis. In fact, the budget does not look for delays or disturbances in communication. It is an important means that allows prevention of other complex disorders. It also allows social integration, cultural and familial behavior.

With regard to the media, it puts the examinee in a correct image through his disorder, as well as family, school and other treatment with this type of disorder. (جنان & ركزة, 2018, p33)

C. The budget is a clinical tool intended for speech therapist and it contains 05 dimensions:

- ☐ a tool for orthophonic diagnosis
- ☐ a means of prediction
- ☐ a means of prevention and detection
- ☐ a means of orthophonic bail
- ☐ a means of information. (جنان & ركزة, 2018, p34)

2.3 Additional Examination

- A. **Complementary Tests:** It includes non orthophonic tests that can help the speech therapist in diagnosis, such as psychological balance and medical examinations.
- B. **Psychological budget:** the speech therapist should take into account the observations of psychologists when re-educating, for example: stuttering, whose causes are relational and psychological, and therefore the work must be joint between the speech therapist and the clinical psychologist.
- C. **Medical Examinations:** represented in carrying out examinations by specialized doctors such as examining the nose, throat, mouth, ear (audiometry), and brain examinations (radiology). (يكوش, 2021)

3. The Tasks of the Orthophonic Sponsorship

- ☐ **Endoscopy:** It is the study of the factors and causes of delay and disorder in a scientific way with the aim of analysis, interpretation and explanation.
- ☐ **Clinical Examination:** it is the application of tests and the orthophonic budget to limit the case.

- ☐ **Treatment:** It is the process of initiating rehabilitation and correction according to a treatment plan prepared according to the framing of the case compared to the standard of the normal condition.
- ☐ **Prevention:** directing the case to preventive directives to maintain the results of treatment. (أنوري ، 2020)

Section 2: Tasks of the Speech Therapist

1. The Intervention of the Speech Therapist

There is no difference in the tasks of the speech therapist, as he is a specialist working in the field of Orthophony. The aim of studying Orthophony is to help families whose members suffer from speech and language problems and academic delays. He also cares about adult cases and is not limited to children only. And study his psychological, social and educational history and the environment in which he lives so that he can provide him with assistance. (رضا, 2020).

A. The Tasks of the Speech Therapist are Limited to

Diagnosing and treating problems related to human speech and pronunciation, as well as evaluating the person's skills and ability to speak and his language that he acquired from education and its impact on the educational, social, medical and psychological factors surrounding him. In addition to developing rehabilitation programs for those who suffer from speech and language problems, and rehabilitation programs to treat communication problems

and increase the efficiency of communication with others, whether they are caused by organic or inorganic factors. As well as providing guidance and language therapy for individuals, And reviewing the medical history to obtain sufficient information that increases his understanding of the situation so that he can determine the tests that are appropriate for each case and take into account the differences between cases and some of them. He also provides auditory and verbal tests and analyzes the results, helps the patient to develop his individual plans and help him satisfy his needs and tendencies. The specialist also evaluates the developments that occur in the sick condition of individuals by helping those who cannot speak to study sign language and training healthy people to help the disabled and how to use the devices for the disabled. It is also It detects communication disorders, evaluates and interprets them, provides auditory rehabilitation services for people who cannot hear and their families, teaches them how to communicate, and rehabilitates and assists some disabled people. (رضا, 2020).

B. The interventions of the speech therapist are Represented in Several Roles

- ☐ **The Role of the Observer:** This is done by conducting the examination to assess the communicative abilities of the examinee, and the specialist can direct the case to conduct complementary linguistic and non-linguistic examinations (auditory, neurological...)
- ☐ **The Role of the Detective:** The detection is not limited to the deficiencies of the subject, but also to the positive aspects and his abilities, by identifying and analyzing them, and what this process requires in terms of providing information about the disorder. This role also includes discovering existing communication patterns between the child and his milieu. Family in order to exploit and develop it.
- ☐ **The Role of the Mediator:** between the child and his family on the one hand, and between him and the other therapists on the other hand. Especially at the beginning of sponsorship, in order to clarify their attitudes and expectations towards the child, through family follow-up and cooperation with other specialists.
- ☐ **The Role of the Therapist:** The treatment process for each case differs from other cases, even if it is related to the same manifestations of the disorder, and according to the theoretical approach that the specialist adopts or tends to. (جنون, 2020)

C. Areas of Therapeutic Intervention

phonology and language development, as well as sound and oral motor, swallowing, sensory integration, and languages delay also autism spectrum, augmented communication. (Meet our speech therapy team, n.d.)

A speech therapist's responsibilities are limited to assessing, diagnosing, examining, and preventing aggravation of language, speech, and swallowing delays. From interviewing and communicating with the patient, contacting their family members, doctors and teachers to designing effective treatment plans. The speech therapist uses tried and tested treatments with modern and innovative techniques to provide the best care for the patient. The specialist can also develop himself in this field by attending conferences, conducting research and expanding professional and academic networks. For a better treatment and prevention of this disease, patients and their families must be made aware of speech disorders, language delay, and the importance of treatments by taking detailed notes about the patient's history, providing him with appropriate guidance, and being keen to evaluate the patient's progress and change any treatment plan commensurate with the recovery of the condition. (Speech therapist job description, n.d.)

Speech-Language Pathologists (SLPs) help people who suffer from these disorders through controlled methods and treatment methods represented in communication and keenness to form speech appropriate for sounds (such as saying « r » correctly). Stuttering is also eliminated by improving speech fluency. The speech therapist needs high professional competence to understand the language of hearing loss patients and brain diseases, as well as autistic patients who suffer from difficulty in playing with children and establishing relationships with them, but specialists intervene here to enhance the development of their skills, social communication, and anticipate the child's abilities to carry out various tasks to lead his life in a healthy and comfortable manner. (Rose, 2023)

2. Methods of Speech Therapist in Diagnosing the Language Delay

The first visit of a language-delayed child with a speech therapist, the language will be reviewed and evaluated to determine any language problem the child faces. And this assessment does not affect their academic performance, but it serves as an important diagnostic tool. The treatment program includes speech therapy for children by practicing and imitating the appropriate sounds that the therapist demonstrates. And teach him how to move the lips, mouth and tongue properly. (النط الأداء تعذر بالطفولة يقي, 2021)

The specialist also clarifies the correct sounds and encourages the child to imitate them, the sessions are very similar to a school environment. In their diagnosis, the specialists focus on tests

to understand the causes of spoken language problems, such as integrating therapists with games such as Simon Says to practice and improve these speaking skills.

Diagnosis of speech difficulties in children is not limited to just specific tests or examinations, it is limited to observing the pattern of problems that appear by the child. Qualitative assessments, tailored to the child's age and ability to cooperate, are performed to assess the severity of language delays and the severity of communication problems. Diagnosis is based on a comprehensive analysis rather than following a single test.

Diagnosing a language delay in children can be difficult, especially when the child is nonverbal or has difficulty interacting with the professional. In such cases, a comprehensive evaluation is necessary, in which the specialist brings in alternative methods such as observation and parental interviews. Collaboration with different specialists in the same field may be required to accurately diagnose underlying problems and develop appropriate treatment plans. (النط الأداء تعذر: بالطفولة يق) (2021)

The initial diagnosis is important because the last treatment methods differ, even if the initial diagnosis is uncertain, but it determines the course of treatment.

Tests may include: hearing tests, assessment of oral motor skills, as well as speech and language for producing sounds, pronouncing words, and forming sentences during play or other activities.

The specialist may ask your child to name pictures to assess their difficulty with specific sounds or words and assess the severity and type of language delay. They will also coordinate and fluency your child's speech during speech tasks. This may include repeating syllables or pronouncing difficult words. In the process of diagnosis stresses syllables and words greatly. (النط الأداء تعذر: يق) (2021) بالطفولة

To diagnose language issues, a child will undergo a comprehensive assessment by a speech-language pathologist after a thorough medical evaluation. The assessment evaluates the child's expressive and receptive language skills, including verbal and non-verbal communication. The pathologist utilizes standardized and informal measures to determine if there is a language delay or disorder. (Pietro, 2017)

After the speech and language assessment, the speech-language pathologist may recommend additional tests, including a hearing evaluation. This is to assess if the child has any underlying hearing issues that could be impacting their speech and language abilities. It is crucial

to examine hearing, especially in young children, as undiagnosed hearing problems can significantly affect language development. (Pietro, 2017)

The diagnosis of language disorders in children involves an assessment by a healthcare provider. They will ask about the child's language usage and review their medical history. Physical examinations and hearing tests may be conducted. Referral to a speech-language pathologist (SLP) is common, as they can help diagnose and provide treatment for language disorders in children. (Default – Stanford Medicine Children's health, n.d.)

The speech-language pathologist (SLP) will assess your child while engaging in play activities. This assessment may be done in a group setting with other children or on an individual basis. The SLP will observe how your child: Understands object names, Repeats phrases or rhymes, Speaks, listens, engages in other language-related activities. (Default - Stanford Medicine Children's health, n.d.)

Also, language delay can be diagnosed with the assistance of a doctor.

The doctor will inquire about any concerns or observations and may listen to the child's speech while evaluating their cognitive development. This process helps determine if there is a delay in language and language development. (Staff, 2022)

In cases where a child's language delay may be related to other factors, a doctor may refer them to additional specialists for further evaluation. For example, if there are concerns about hearing, the child may be referred to an audiologist for a hearing test. An audiologist is a licensed healthcare professional who specializes in diagnosing and treating hearing issues. The purpose of these referrals is to identify and address any underlying factors that may be contributing to the child's speech delay. (Staff, 2022)

Receptive language delays are diagnosed through a series of assessments and tests. The initial evaluation determines if the difficulties in understanding and using language are due to hearing problems. If hearing problems are ruled out, a speech-language pathologist (SLP) performs further assessments to evaluate the child's language skills and determine the presence of receptive language delays. speech language pathologists assess a child's ability to understand spoken, written, and gestural language. These assessments are typically conducted in the child's primary language to ensure accurate evaluation. Testing in a second language could potentially lead to misleading results, suggesting a language disorder when it may not be the case. The goal

is to comprehensively evaluate the child's language comprehension skills and identify any delays or disorders. (Info, 2021)

Speech therapist also conduct interviews to observe and analyze a child's speech in various situations and environments. These interviews aim to evaluate the child's communication skills and identify any limitations or difficulties that may affect their participation in activities or specific play routines. The information gathered from the interviews helps the pathologists understand the child's communication abilities and determine the appropriate intervention or therapy needed, in addition to that the speech therapist employ various techniques to evaluate their patients' responsiveness to different treatments. Following diagnosis, they collaborate closely with their patients to design effective therapeutic plans. Due to variations in individual responses, therapy is tailored to meet each child's specific needs. Ongoing monitoring and adjustments are made to ensure optimal outcomes. (Info, 2021)

During the first visit to a speech therapist, a child will undergo a speech assessment to identify any language problems they may have. Unlike school tests, this assessment does not affect their academic performance but serves as a diagnostic tool to determine the specific types of speech issues the child is facing, speech therapy for children with language problems involves practicing and imitating the appropriate sounds demonstrated by the therapist. Through guided exercises, the therapist helps the child improve their articulation and fluency by teaching them how to move their lips, mouth, and tongue correctly.

Speech therapy is the recommended treatment for children with language delay. During therapy sessions, the speech therapist focuses on helping children improve their speech by providing guidance and practice. The therapist demonstrates the correct sounds and encourages the child to imitate them, guiding them on how to move their lips, mouth, and tongue to produce the appropriate sounds. Through regular practice and imitation, children can develop better articulation and fluency in their language, during speech therapy for language disorders, sessions may resemble a school-like setting, also therapists focus on helping individuals with grammar rules, teaching them how to properly construct sentences and express clear ideas. Additionally, if there are difficulties in understanding spoken language, therapists may incorporate games like Simon Says to practice and improve these skills.

3. Tests and Treatment for Delayed Childers

At what age should speech therapy begin?

The appropriate age for speech therapy is the age when your child is lagging behind, it is never too early or too late to start treatment.

Children who do not speak at all are usually indicated for the assessment of language delay at about 18 months of age. But there is a high probability that children start at an early age, babies born with a disability start treatment a little bit young it is also possible that children start when they grow up. (Girolametto et al., 2001)

Your child probably won't need any treatment for speech delay. It is not uncommon for some children to take longer to start talking than others. However, if your child needs treatment, the course of action will depend on the underlying cause of the speech delay. The speech therapist will diagnose the cause of your child's problem and discuss treatment options with you. They may also suggest that you see a speech-language pathologist, who can provide guidance on how to facilitate your child's speech development. In addition, they can teach your child how to listen better or how to lip-read. (Staff, 2022)

Teaching toddlers and young children in a simplified form of sign language can help their language acquisition. Despite popular beliefs, the use of sign language with infants and toddlers does not hinder the development of their language skills. (Staff, 2022)

The linguist may suggest consulting other specialists to address your health concerns. These specialists may include a behavior problem psychologist, an occupational therapist to help with daily activities, or a social worker to help with family difficulties. In addition, your doctor may recommend early intervention programs available in your area. These programs may be related to your local school district. (Staff, 2022)

To help your child communicate better, a speech therapist may do the following:

Help your child learn how to make all the sounds and combine them into words. This can help your child make sounds more easily:

- ☐ Help your child understand the meaning of words and different types of sentences.
- ☐ Help your child understand social cues and communicate in different situations.
- ☐ Help your child learn sign language or use a device that helps your child communicate.
- ☐ It is recommended that your child get a hearing aid if necessary.

- ☐ Teach your child how to use special programs on a computer, tablet or smartphone. Some courses include speech lessons. Others allow your child to communicate through objects or symbols.
- ☐ Teach you how to work with your children at home and help your children practice new skills.
- ☐ Follow-up care is an important part of your child's treatment and safety. Be sure to make appointments, attend all appointments and call the doctor's or nurse's consultation line (811 in most provinces and territories) if your child has questions. It's also a good idea to know your child's test results and keep a list of the medications you use. (Staff, 2021)

Before the process of treating a linguistically delayed child, you should know the following:

- ☐ What your child understands (the receiving language).
- ☐ What can your child say (expressive language).
- ☐ Is your child trying to communicate with others using other gestures
- ☐ Develop a speaking voice and clarity.
- ☐ The condition of your child's oral movement (how the mouth, tongue and palate work together to speak as well as eat and swallow).

Sometimes, standardized tests for language delay are also carried out. Standardized language tests provide an objective way to assess your child's speech and language development and performance compared to peers of the same age. (Children's language delay Test Singapore, n.d.)

Referrals to our psychologists are available if children are suspected of having other learning disabilities, ADHD, autism, or hearing impairments that may affect their language development. (Children's language delay Test Singapore, n.d.)

Parents have an important role to help children with speech or language problems, Here are some ways to encourage language development at home:

- ☐ Focus on communication. Talk, sing and encourage your child to imitate sounds and gestures
- ☐ Read it to your child, Start reading when your baby is a baby. Look for age-appropriate e-books, whiteboards or picture books and encourage your child to search when naming pictures.

- ☐ Use everyday situations to strengthen your child’s speech and language skills, talk throughout the day. Label the food at the grocery store, explain what you do when cooking or cleaning, indicate what there is at home. Keep it simple, but avoid “child’s play”. (Delayed speech or language development, 2020)
- ☐ Carrying a child for certain medications, procedures or treatments.

Your child’s therapist will develop an individual treatment plan based on your child’s assessment. Teach and practice the components of the language through books, games and toys. The therapist will continue to work with the child until the child can normally produce and understand the language in conversation without prompting, or until the child reaches his maximum linguistic potential. (Receptive and expressive language delays 2023)

Faced with a language problem on children or adults, the doctor, as part of his diagnostic assessment, may be required to prescribe a speech therapy assessment.

When the prescriber requests a speech therapy investigation report, the speech therapist sends him a written report, accompanied by any proposals on the course of action to be taken.

Following this report, the prescriber writes, if necessary, a prescription for rehabilitation sessions:

- ☐ a maximum of 30 sessions, renewable in series of a maximum of 20 sessions, with a minimum duration of 30 minutes (as regards, for example, disorders of articulation, swallowing, phonation, language of the child, stuttering...)
- ☐ The technical acts are listed and subject to prior agreement. However, the doctor can also immediately prescribe a speech therapy assessment with rehabilitation if necessary.
- ☐ The speech therapist must, in the same way, send a written report to the prescriber. If rehabilitation is to be provided, the report must specify the objectives, nature and number of sessions. The speech therapist establishes a request for prior agreement without further prescription. (Nedjar and revaux, 2004, p 08)
- ☐ Some rehabilitations may be subject to group techniques (at least 1 speech therapist for 4 people), subject to prior agreement and special rating.
- ☐ If the patient is unable to move, rehabilitation may be prescribed at home and will give rise to a travel allowance. (Nedjar and revaux , 2004 , p 08)

Dr. Hossam Mowafi, professor of intensive care at Qasr Al-Aini Medical College, revealed a miracle formula that mothers can rely on to treat language delay in their children.

Drinking rice water is a natural remedy that can help some children with pronunciation and speech.

The speech therapist stressed that some studies have shown that rice soup is one of the most nutritious meals, as it contains a high content of vitamin B6, which is very important for children's health, he explained that vitamin B6 plays an important role in the treatment of speech retardation in children because of its effectiveness in improving their pronunciation and increasing their verbal intelligence.

According to Mayo clinic, vitamin B6 naturally helps promote brain development in children, improves the health of the central nervous system, and boosts immunity.

According to The Times of India website, rice soup has other benefits for children such as improving digestion, providing energy, vitality and movement to the body, and treating constipation.

Rice water is not the only food rich in vitamin B6 – It contains other natural sources, which Livestrong identified in the following foods: fortified cereals – legumes – meat – poultry – fish – bananas – peanut butter-vegetables. (متوي، 2022)

The tongue plays an important role in speech production and pronunciation. Exercises that help strengthen the tongue and strengthen its motor control are essential in helping children with speech impediments and difficulties.

These exercises facilitate the correct production of sounds and letters with ease. It is advisable to perform these exercises daily:

You and your child exercise daily and for less than 5 minutes per exercise, open the mouth and gently bring the tongue outwards without touching the teeth and lips, and then slowly bring it back in. Open the mouth and take out the tongue as straight as possible and then return it slowly and then quickly. Open the mouth as much as possible and make the tongue touch the upper and then the lower lip slowly and then quickly. Open the mouth and make the tongue touch the teeth in the upper jaw and then the bottom also slowly and quickly opens the mouth and make the tongue move from the right to the left of the mouth and then vice versa. Opening the

mouth, making the tongue perform a circular operation around the lips, closing the mouth and moving the tongue in a circular manner, taking the tongue out of the mouth, which is applied to some, opening the mouth and inserting the tongue, which is gradually simplified backwards and makes it touch the other upper jaw.

Conclusion

Orthophonic interventions, such as speech therapy, can be beneficial for individuals with language delay. Speech therapists work with children to improve their pronunciation, articulation, and overall communication skills. By addressing specific speech difficulties, Orthophony can help individuals with language delays improve their ability to express themselves and be understood by others.

Chapter Three

**Methodological Framework; Findings and
Results**

Introduction

This chapter is dedicated to the analysis of the interview and the observation of the diseases cases, and the presentation of the research findings about the role of speech therapy in diagnosing and treating the language delay among children and the toddler's reaction behind this treatment.

First, we gave a simple definition of the clinic in which we studied our cases, then we summarized each case separately, and how the process of treating children with language delays took place after their diagnosis, as well as the strategies followed by the speech therapist in the treatment, finally, we summarized the results of the speech therapist intervention on improving the child's language and reducing according to the severity of the language delay

Section 1: Field research procedures

1. Technical Card on the Clinic

Clinic Name: Orthophony clinic for the specialist D (X)

Clinic Responsible: Ababsa, B

Address: Saleh neighborhood _ Babar Road _ Khenchela state

Geographical location: (opposite Shami Stadium _ downtown Khenchela above Monoprix Store _ third floor)

Establishment year: 2018

The number of workers in the clinic: Three workers (speech therapist, a psychologist, and a nanny).

Methodological procedures

Hypothesis

- The basic hypothesis: Orthophony and its effective role in the treatment of language delay.
- Secondary hypothesis: Early diagnosis of language delay helps correct and rapid treatment.

2. Descriptive Study

It's type of research design that aims to systematically obtain information to describe a phenomenon, situation, or population. More specifically, it helps answer the what, when, where, and how questions regarding the research problem rather than the why. (McCombes, 2019).

It intends to describe the research questions and does not intend to offer solutions to such problems. It's usually conducted to study a problem that has not been defined yet.

Descriptive research is not intended to provide conclusive evidence, but helps us to have a better understanding of the certain problem.

3. Basic study

Research Methodology

In this study, we relied on the clinical approach, which seeks to examine and comprehensively diagnose a specific individual case.

Research Sample

The research sample consists of 8 cases out of 20 children. This sample ranges in age from two and a half to 5 years. They suffer from both simple and severe language delay (expressive and receptive) to varying degrees.

We chose 8 samples out of 20 children, and we did not choose all, because there are samples that are similar to each other in the same problem, that is, the disease, and in the same causes of the disease, so we did not want to re-study the same cases that have the same causes and are treated in the same way, and we chose 8 samples existing and different from each other.

Geographical Frame work

Of the research: The field research was conducted in the orthophony clinic for the specialist, Basma Ababsa, in the state of Khenchela.

Search time frame

The research was conducted from 03/22/2023 to 04/22/2023

4. Data collection tools

Each study has special tools that we adopt in collecting data and information, which are in line with the study curriculum.

Case Study

To study any case, it is necessary to address the collection of personal information and data, such as the family's marital status and the health status of both the mother and the child.

- **Observation:** is an important element in scientific research in general and qualitative research in particular, as observation is considered the source from which thinking and identification of the research problem began. It is also considered an important strategy in collecting data to obtain information about the social behavior of situations in the natural context. Thus, field observation has a major role in collecting qualitative data in terms of concept, methods, roles, problems, pros and cons, (Albaydha University Journal, 2020), And we observed the studied sample in a daily direct way.
- **The interview:** As it's known, the interview is a tool and a field method for data collection, so we conducted a face-to-face verbal dialogue with the speech therapist, the psychologist, and

any, present in the clinic in order to reach certain facts, as well as to achieve the objectives of the study and to see how the diagnosis and then treatment are carried out.

The Reason for Choosing the Speech Therapist D (X)

Before we go into the reason for choosing the speech therapist Basma Ababsa, I want to point out that we faced many obstacles and difficulties in our field research, as we were ignored by more than four speech therapist specialists in the state.

We started our field research in kindergartens that have arthroponia specialists, but the presence of the specialist was not on a daily basis. We never got a chance to meet her.

We chose the specialist (X) because in the context of our research, and when we visited her, we were surprised by the presence of a large number of children who are being treated in a daily and regular way.

They are present daily in the clinic for treatment, The specialist received us and allowed us to work. The way of working with the speech therapist and psychologist was very comfortable, fun and helpful. We also note that the clinic contains multiple treatment programs and auxiliary facilities for the treatment of the child, not to mention the professional experience and good working reputation.

The Reason behind choosing the age from two to five years old

This age, according to the opinion of the speech therapist, is considered a sensitive age that must be paid attention to by parents, as early detection and diagnosis of language delay helps in rapid treatment, and we touched on the age group between two to five years, because it is the stage in which the child begins to acquire language and grow the linguist, The treatment of linguistic delay at this age allows the child to enter the primary stage while he is speaking normally and does not suffer from any disturbances that impede him from studying.

According to the speech specialist Marwa Lashin, the child from the age of 18 months to 21 months must speak at least 20 words, understand simple questions, and form sentences of two words. If these criteria are not present, the child suffers from a language delay.(Lashin, n.d,page 06).

Section 2: Presenting and Analyzing the Results of the Study

1. Presentation and Analysis of Diseases Case

Before we start studying and analyzing these pathological cases, it must be noted that we did not see the treatment of these cases that were treated by the speech therapist, due to the reservation of information on children's cases, but we went to see them and deal with them, as she gave us information about the condition of each patient as well How it was treated. The topic of Orthophony is comprehensive and studies several disorders, including linguistic and verbal, so our choice of these cases was based on what came within the merits of the research, as most of the cases that came for treatment in the clinic suffers from language delay.

Here are these cases:

Case one

Name	Gender	Age	Type of LanguageDelay	Problem	Reason
A	Male	4,5 yearsold	Acute LD	Behavioral disorder and delay in language	-Family circumstances - Severe beating -Watching TV and phone

Table 01: first Sample that suffers from a Language Delay

analysis

The child, (A), is four and a half years old. He suffers from a behavioral disorder and language delay. He was referred to several specialists, including psychologists and speech therapists, after diagnosing this case, it became clear that the reason for this was the circumstances the mother went through, which was the death of her parents in an accident, as she entered into a state of severe depression, and this is what led her to neglect her only son, and after making an appropriate diagnosis with the speech therapist, it was found that he suffers from severe language delay, as he cannot speak or form a sentence of five words with a behavior disorder, sessions were scheduled for this child in order to treat these disorders, whereby the speech therapist developed a special program for him, and after the specialist and the child became acquainted, then dialogue with the parents to find out the reasons that led to the existence of this disorderprogram includes:

Training him to pay attention while training him to sit in one place, and in the other session, the specialist trained him on the correct pronunciation of the sounds and movements necessary to pronounce the linguistic sounds, as well as teaching him how to produce the sound of the letter

from its correct way the letters that he finds difficult by putting them in a word or sentence so that he can learn it.

As for the lack of ability to focus and pay attention, intervention and treatment took place through the development of this ability, and that was in the development of stimulation exercises for brain cells, such as intelligence games, drawing, and so on.

After nursing and treating these disturbances were eliminated, he began to understand everything and began to pronounce letters, but due to repeated failures, he still could not form complete sentences.

If you present this case and follow his course of treatment, you can say that according to the training program we propose in this case, he can be cured because the ability to overcome the situation is acquired, the requirements for choosing the appropriate program are as follows:

The therapist must examine the first sounds in the child's speech and language development, as it corresponds to the natural development, this is considered a diagnostic condition when the condition improves rapidly, unfixed bugs before fixed bugs, which means selecting a sound that does not repeat bugs in all sound environments, to allow the case to sound in one sound environment but not another.

Case Two

Name	Gender	Age	Type of LD	Problem	Reason
B	Male	3 yearsold	Simple LD	Disorder in the exits of letters with simple language delay	-Fulfilling desires on the part of the father -Excessive indulgence

Table 02: second sample that suffers from a language delay

Analysis

Child (B) 4 years-old, his parents visited the Psychological Assistance Center in order to treat articulation disorders of some letters, as he was suffering from a functional problem. After the diagnosis of his condition by the artefactual specialist, it was found that the articulation organs are intact, but the problem is in the performance of the function, which is the pronunciation of the letter's "r" and "L". The letter R (l). The letter Gh (l) (This disorder is called substitution and includes pronouncing one sound instead of another when speaking, and in many cases the sound is incorrect and very similar to the correct sound in terms of place, method of pronunciation and sound characteristics, for example) Put it down instead of put it down, followed fish instead of ate fish. order instead of a man. Say instead of tea (and thus there is a lot of substitution between pairs

of sounds such as m / th / d / z / q). Which required his condition to allocate some classes and sessions in order to correct the letters in which he had a defect and disorder, and in every class, he is trained on how to produce the sound correctly.

In the first session: The teacher began to pronounce the sound of the letter R continuously (Ur) so that he could learn it with the least possible effort and the same thing. with the letter Gh. In the second session, then intensive and focused training, that is, training to distinguish between pronouncing the sound correctly and pronouncing it incorrectly, and to realize the difference between them, this training is called training and auditory discrimination of pronouncing the sounds of letters. And here the child began to be able to pronounce the letter gradually.

As for the third session, it was the last session where the child was able to pronounce the letters (R and Gh) properly and the treatment was completed Pronunciation.

By presenting the case and following the course of treatment, we concluded that the articulation disorder represented in the substitution of letters can be treated depending on the allocation of classes and training sessions as presented in this case and by passing such Case's needs:

- ☐ Language initialization before program procedures fiery
- ☐ Education and training of pronunciation of letter sounds.

Case Three

Name	Gender	Age	Type of LD	Problem	Reason
C	Male	4 yearsold	Acute LD	Lots of Movement and Delay in Language	-Watching TV. -Pregnancy was not desired. -Problems with the husband's family.

Table 03: Third Sample that Suffers From a Language Delay

Analysis

This four-year-old child was sent to the center by a psychologist after his condition was diagnosed, so his illness was determined to be a lot of movement with a complete absence of language. The child was exposed to Dr (x), who is a speech therapist, and he learned the reason that led to the existence of these disorders, after conversations with the father and mother regarding some questions, so it became clear that the mother's pregnancy was normal without any

complications, but when he reached the age of three years, the mother noticed that he was not It is normal for his age, and he watches TV a lot and is not social, which caused him many psychological and organic problems, isolation from society, absence of language, hyperactivity... After diagnosing the patient's condition, and doing some tests, knowing the capabilities he possesses in order to develop them, and so on. After finding out the reasons and conducting tests for this child, a treatment plan was determined by the speech therapist. The first session with the child trained him to pay attention while controlling his hyperactivity, by applying sound stimuli and games.

In the second session, she begins to work on ways to strengthen his articulation system, such as shouting and pronouncing some sounds, to move on to teaching him letters, and so on, through the other sessions of developing awareness and testing intelligence.

After fifteen daily classes, from September to April, the child began to pronounce some words, then he became able to give a complete sentence. This is because the treatment of speech problems contributes greatly to overcoming the problem of communication, and is achieved through its inclusion of such speech therapy centers in particular, through which the speech therapist works by developing a training or treatment program that is according to organized procedures aimed at correcting or reducing the speech disorders that he suffers from.

This is done by training them on the motor and vocal skills necessary to pronounce a sound correctly.

Case Four

Name	Gender	Age	Type of LD	Problem	Reason
D	Male	5 yearsold	Simple LD	Disorder in the exits of letters	-without stating the reasons -The presence of stuttering

Table 04: Fourth Sample that Suffers from a Language Delay

Analysis

The child (D), is five years old, In his first visit to the specialist, he was without language, after doing the examination for this group and knowing his health and social conditions, the parents mentioned that they are busy. His mother is a teacher who does not sit with him much, and his father is a doctor.

At the age of three and a half years old, the family took him to this speech therapy center, after taking care of him and treating him, the child began to speak well, so he stopped treatment, with the passage of time, he returned to the doctor because of the emergence of the problem of stuttering, which is a disorder of fluency in verbal expression, in addition to learning difficulties.

This case was taken care of by developing a special treatment for the problem of stuttering, in 6 sessions, as follows:

Teaching verbal fluency: It seeks to reduce the repetition of speech to become close to the natural levels, as the specialist does.

He learns many skills that are necessary to maintain this fluency, and when he learns and trains these skills, they lead to marked fluency in general.

The specialist can achieve near-normal verbal fluency by teaching these skills such as:

- Manage air flow appropriately.
- The soft start of the sound.
- Decrease the rate of speech.
- Soft palpation of the organs of speech.

And after the end of these classes, he was able to overcome this problem, and he began to speak well, and he is now continuing with

Doctor in order to develop his intellectual skills to overcome learning difficulties.

Case five

Name	Gender	Age	Type of languagedelay	Problem	Reason
E	Male	2.5 yearsold	Acute LD (Touched his expressive and receptive language).	-The absence of hearing ability - Acute language delay - Absence of language - Aparxia.	- Deaffrombi r th.

Table 05: fifth sample that suffers from a Language Delay

analysis

The child (E), two years old and a half, was visited by the speech therapist by order of the doctors who treated him for deafness.

After an interview with the specialist and the parents of the child, the therapist learned that the initial diagnosis of child's suffering from deafness was made by his aunt, who often played with him. And during her closeness to the child and playing with him, she discovered that he does

not make any reaction towards her, the enfant was 6 months old during that period when it was suspected that he was deaf, when he discussed his immobility and inactivity when closing the door forcefully or when screaming or making loud sounds. The aunt brought bubbles and popped them near child's ear, but the he did not react Since then, the family took him for treatment in the capital, Algeria, where the specialized doctors confirmed that the hearing of infant's deafness was 100% , the child was treated with a cochlear implant at the age of one and a half, and the child's doctor insisted that he go to the speech therapist in order to be treated for language delay.

After an interview with the speech therapist, she confirmed that after diagnosing the toddler's language delay, she found that he suffers from a severe language delay, as he is not good at communicating, speaking, or understanding what is being said. With the passage of 5 months of treatment, child's speech level improved because he began to hear speech and thus, he receives letters, and toddler's treatment process is as follows:

The specialist stressed the need to follow the correct treatment, for good and quick results, as she mentioned that there are 3 stages that she adopted in child's treatment:

The first stage is represented in auditory education: the speech therapist and her staff were keen to train the child on hearing through several sessions ,she started training him to listen with the setting of auditory stimuli, Then comes the second stage, which is represented in the stage of auditory perception, which is a very important stage in the treatment, where care is taken for the child to understand what the audible words are, by trained him on the correct pronunciation of the necessary sounds and movements, and also taught him how to produce the sound of the letter from its correct way, for example saying a letter: "ZZZZZZZZZZ" meaning pronouncing the letter continuously with Focusing on the letters that he finds difficult by putting them in a word or sentence and repeating them several times so that he can learn them, and after taking care of the case and treating it, these disturbances were eliminated, and child's speech level improved in a very short period of time, as he first began to recognize and memorize his name, and he uttered several words such as: Mama, Papa, and how relative to the barking of dogs, as well as take, and Give me and become sociable after hearing him called by the kids and he is getting better every day.

Case six

Name	Gender	Age	Type of LD	Problem	Reason
F	Male	five yearsold	Simple LD	<ul style="list-style-type: none"> - Language delay with use of childish vocabulary. -Replace and swallow some letters. 	<ul style="list-style-type: none"> -Special treatment. -One child in the family. -Over protective with empathy. -Extra fondness -Excessive attention

Table 06: sixths Sample that Suffers from a Language Delay

Analysis

The child, (F), is five years old, He was visited by a specialized clinic for Orthophony to treat a delay in speech and articulation, which his parents considered a major problem, coinciding with his age, which is the age of study.

When the interview took place between the specialist and the parents of the child, it became clear that the child was the only one they had, and that he was born after the mother's reluctance for years to give birth. Lots of protection from mom and dad.

After our interview with the speech therapist and our question about how she diagnosed language delay, the doctor confirmed that the child's delay is considered simple, as his receptive and expressive language is intact ,but he suffers from a disorder in the exit of letters, the specialist diagnosed the toddler's delay by asking him several questions and waiting for the answer, the child would answer with a yes or no or provide sentences consisting of a verb and a subject with not many vocabulary, and the doctor also noticed a disorder in the enfant's behavior as he tends to be childish and reacts sensitively to the most trivial matters where, for example, it replaces letters such as: th instead of s, and for God some letters such as: Hati _ ati.

Also the speech therapist evaluate the muscles that move the mouth, specialist examined the child's lips, tongue, jaw, and palate to find out about structural problems, such as the problem of sticking the tongue or cleft palate, or other problems, such as low muscle tension, because low muscle tension causes speech paralysis in children, but it may It is a sign of other pathological conditions, and Dr (x) observed how he moved his lips, tongue, and jaws in activities such as blowing, smiling, and kissing.

Before the start of treatment, the specialist decided that the child should undergo a medical examination, a hearing examination (including an ear and throat examination), vision, an EEG,

and a neurological examination, as well as a general medical examination, to remove any suspicions of a medical defect. After the child performed all the tests, it was found that he was healthy. And he does not suffer from any medical problem. Here, the specialist started the treatment, which consisted of:

Voice and movement exercises. It asks him to listen to the speech-language pathologist and watch his mouth as he pronounces the target word or phrase, by watching the specialist's mouth while he speaks to see the movements that follow the sounds, and since he suffers from a disorder in the exit of letters, this affects his pronunciation in general and causes him difficulties in the gross and fine motor skills in the arms or legs due to the excessive protection of the parents, which made him afraid of performing fun motor games with the children, so he needs motor therapy. In games of concentration and intelligence, such as the rope game that we mentioned earlier.

In addition, the speech therapist stressed the need to treat the child through permanent dialogue with him in an official capacity, away from the presence of the parents, and trying to command him to do orders, for example, cleaning the play area or the obligation to eat alone, with an emphasis on treating him like the rest and not fulfilling his orders. The specialist praised the need for parents to stay away from excessive protection and excessive coddling, and the specialist also gave several home treatment sessions for him, represented in the parents' reluctance to pamper him and replace him by ordering him in a tactful way to perform tasks that make him older, while making sure to stand in front of him, for example: dressing alone and organizing The place to sleep, as well as the attempt to take a shower on his own without the help of the mother, and this is to grow up in the child the spirit of responsibility and the attempt to somehow give up the spirit of childishness.

After the treatment, which lasted 03 months, and care to pay attention to the way of walking, speaking, treatment, as well as the child's behavior, a significant improvement was observed in the exit of letters and the correction of the pronunciation of some letters.

Case seven

Name	Gender	Age	Type of LD	Problem	Reason
G	Male	Four years old and a half	Acute LD (But it touched his expressive language and not his receptive one).	-language delay with disorder in the exits of letters. -mental abnormality . -social aversion. -fear of strangers .	- Psychological shock. - Family problems .

Table 07: Seventh Sample that Suffers from a Language Delay

Analysis

The child, (G), is four years old and half years old, his mother is staying at home, and his father is an employee, The child suffers from a severe language delay compared to children of the same age, child's parents went to the speech therapist recently for examination and treatment because the child is about to enter the primary class and he is only learning words counted on the fingers, and after an interview with the mother and father together, it turned out that the child was subjected to intense fear following a dispute between his parents at the age of two years, which was like a scream due to a simple problem as mentioned by the father.

When the mother offered a private interview between her and the specialist, according to her request, of course, she revealed that she was subjected to violence by the father and was beaten in front of the child, which caused him psychological trauma that prevented him from speaking for a whole year, then he gradually began to try to speak after efforts by the mother to communicate with him And teaching him how to pronounce, but to no avail, and despite the father's complete refusal to admit him to the clinic or the center, the mother insisted on the need to treat him before it was too late.

The process of linguistic diagnosis of the child began through several 3 stages, namely: First, the field examination stage: where the specialist decided on the need to study the child's linguistic delay by observing the way he dealt with his parents and the way he spoke to her through a face-to-face interview to see if the linguistic delay was simple, or is it severe, and does it affect the receptive or expressive language? Through the field diagnosis of the child, it was found that the delay was severe, but it affects only the expressive language and does not affect the receptive language, because toddler understands everything that is said to him, but he suffers from difficulty in expressing and using words and sentences to convey What he thinks about or needs, and this affects his expressive language. As for the second stage, it was represented in the stage of the physiological medical examination: which involves examining the integrity of the brain through EEG, as well as visiting a doctor who specializes in the nose and throat.

The doctor is general, and all the examinations were sound and good, which necessitated the specialist to expose him to sessions with the psychologist, who diagnosed his condition as psychological trauma that requires long-term treatment. The diagnosis made by both the speech therapist and the psychologist diagnosed the child's condition as a psychological trauma that needs psychological treatment first before the clinical treatment of speech.

After our meeting with the specialist, she mentioned to us some of the studied methods of treatment. The speech therapist started the treatment stage by exposing the child to psychotherapy first, through sessions and classes with the psychologist, which consisted of dialogue sessions with

him, in addition to integrating the child with the children and trying to introduce him into a comfortable and calm atmosphere. It is represented in an atmosphere of love and stability for the purpose of making him feel safe and dissolving the psychological complex of the child. The methods of integrating the child consisted of exposing him to group games with children in which they play, scream and enjoy for the purpose of dissolving fear and enjoying the time. The doctor noticed a significant improvement in the child's performance in addition to His linguistic balance improved as he began to imitate the words of children, and his linguistic ability improved significantly.

As for the treatment that was done by the speech therapist, it was represented in sessions in which she focused on developing the child's cognitive abilities, such as memorizing images of things and memory, and focusing on developing verbal sounds that contribute clearly to improving the clarity of the child's speech, in addition to that, the specialist focused on the need for positive reinforcement and stimulation And gentle and tactful treatment, in addition to that, the specialist praised the need for the nanny to treat the child in an affectionate manner to avoid his fear and aversion from the clinic.

His treatment sessions were limited to learning coloring and learning vegetables and fruits by getting to know the shape and how to pronounce it. Dr (x) focused on including single and closed classes to train Adam on the correct pronunciation of things. Mental absent-mindedness and social aversion that Adam suffered from, as the former decreased and was replaced by spontaneous and symmetrical movements at the same time, and remarkable social integration.

Once his psychological condition improved, his language ability improved automatically.

Case Eight

Name	Gender	Age	Type of LD	Problem	Reason
H	Female	four yearsold	Simple LD	-Language delay with behavioral disorder -Hyperactivity	-Emotional deprivation. -Difficult treatment by parent +- -Absence of parents from home (workers) - The use of phone and tv a lot.

Table 08: Eighth Sample that Suffers from a Language Delay.

Analysis

Child (H) is a four year-old girl who suffers from language delay and behavioral disorder, her parents took her to the speech therapist to diagnose her condition and treat her after the two admitted in an interview with the specialist that they work outside the home on a daily basis for 8 hours and are often at home, neighbors discuss Maria's upbringing and sit with her, parents also

emphasized the amount of emotional, psychological and moral neglect that their daughter suffers from, as they often play with her or talk to her, due to the tiring work during the day, as both of them prefer sleeping and resting instead of playing and Friction with their little ones, which was reflected in her personality and her linguistic balance, as the parents noticed that at the age of two years, she started screaming instead of talking, which necessitated the mother to turn on the “ TV ” or give her the phone in order not to hinder her from working at home or preparing food. Excessive use of the phone and television has become a kind of addiction, as child (H) has become addicted Technology and she never communicates with her parents.

After Dr (x) listened to the parents, the process of diagnosing her for language delay began, as he noticed that child’s receptive language is sound and good, as she understands speech in a good way, but her expressive language is weak, as she suffers from difficulties in speaking and expression which was reflected in her personality and behavior, and her behavior became aggressive, because she used beatings and attempts to break when refusing to give her the phone or fulfill her desire for something, Maria is often absent-minded and thinks about something without speaking, and if she speaks, her vocabulary is few and her sentences are simple, not exceeding two sentences, and she expresses her thoughts with undisciplined behavior, crying on the ground and falling on the floor.

Dr (x) subjected her to sessions with a psychologist to study her condition and settle her psychological situation, the speech therapist also noted the need for parents to interact with her and give her the necessary emotional and psychological support and love, because the psychological disorder and family deprivation are among the reasons that made the child suffer from language delay, and thus her behavior is disturbed, also parents should looking into the eyes of their daughter, always trying to look into the child’s eyes when talking to her to feel the direct connection, as well as listening by making their conversation with her enjoyable, so they listen to her, so she will definitely listen to them. It is worth noting that scientific research has proven the close relationship between the lack of language skills development and behavioral problems, when a child cannot express himself, aggressive problems begin with peers and brothers, which often occur during play, despite that maria integrated with the children in a fun and beautiful atmosphere that gave calmness and communication, which made her little by little communicate with the children and feel integrated. The speech therapist relied in her treatment on reducing behavioral disorders first by giving the child tonics, vitamins and medicines that help her discipline and adjust. Hyperactivity for her, such as regulating her sleep and eating time.

The specialist also focuses heavily on the child’s linguistic level, as she increases the length of the sentence for the child from a single word to a sentence of two words to a sentence of three words.. through:

- ☐ Focus on the content and meaning, not the sounds issued.
- ☐ Supporting the child in expressive language, which is the expression of what is on his mind.

Increase language expression by :

- ☐ Complete the missing sentences for the child (the child said: a dress – she said to her: a bride wearing a dress...a heroine)
- ☐ Asking a direct question to the child (does the bride ask him to wear a dress? ... To stimulate the girl's expressive language.

After that comes the process of adjusting the incorrect sounds (letters)... This is extremely important, so we should not focus on teaching the child the correct way out of letters until he is able to say a sentence of three words on his own and without the help of anyone, many speech therapists are interested in letter exits when starting with a child, It focuses on how to make

After that, Dr (x) praised the necessity of strengthening the child and rewarding her when she stopped doing incorrect behaviors and enhancing her self-confidence when speaking. The treatment period lasted two months, and a remarkable development was observed in the child's speech, as well as discipline in her behavior.

2. Conclusion (illation)

During his language development, a person goes through several stages that allow him to acquire healthy speech like everyone else, and all children's language development varies according to their surroundings. Conversely, when he is living in poor conditions or the problems and psychological trauma constitute a disability or delay in the child's language acquisition, professional or speech therapist intervention to help the group overcome these problems.

Speech therapist uses a variety of tools and resources when implementing a treatment plan, including:

- ☐ Audio recorder: This device is used to record audio frequencies from the specialist or child to identify their pronunciation errors, -Cards: These cards contain a picture of some of the sound's children have been trained to make.
- ☐ The mirror: is used to train visual discrimination, allowing children to perceive where the sound comes from and where it comes from and pronounce it correctly.
- ☐ The models: are simulations of things used in everyday life and consist of figures like fruits and animals and others.
- ☐ The blackboard and pen: taught him the shapes of letters.
- ☐ Graphs: this graph is to help visually chart students' progress toward their speech and language goals. It is an excellent Tool for : Writing ...
- ☐ Cord : for Visual communication

☐ Additional tools such as balloons and puzzles.

As a general conclusion of what has been said in this study, we conclude that artifact treatment affects language development in children with dysarthria, some with organic disease and some with functional problems, as we In some cases, these groups have been able to overcome the disorders thanks to the treatments given to them by specialists, but treatments may vary from person to person, as stated in the analysis, some people have problems that require medical attention including dentists and larynx in patients with birth defects. Let's also not forget the role of psychological specialization in helping children change certain behaviors, People with ADHD, Autism or psychological trauma, that's why this science is important to develop vocal language skills.

- Dr (X) has contributed to the treatment of many children and we will not forget her and every speech therapist expert's role in spreading the word about the seriousness of this phenomenon affecting children because of Terrible developments, the current time has greatly increased, experiencing the world in the field of technology, trying to speed up the impossible life with minimal effort, this is a negative on these kids.

Conclusion

In this chapter, abbreviated description of the speech therapist and psychologist interview's is presented as well as the observation on the children's is presented, the results accomplished from the interview are analyzed, moreover a discussion of the find both results of the observation is mentioned as well.

General conclusion

GENERAL CONCLUSION

The present study highlights the role of Orthophony towards diagnosing and treating language delay among children in preparatory phase from 2 to 5 years old in the orthophonic clinic khanchela.

In this research I, it's hypothesis that that children who suffer from language delay would show improvement in speaking if they were confronted to speech therapy and were be treated by speech therapist as well as psychologist.

This work is composed of three chapters, which represent a detailed review of Orthophony and language delay, with collection and analysis of the interview and the observation that we dealt with, the first and second chapters dealt with the theoretical part of this research, the first chapter included two sections, the first one is about essence of Orthophony, (definition, origin, Orthophony in Europe and Algeria, fields of Orthophony and Orthophony relationship with other sciences). the second section talk about language delay among children, (definition of language, and language delay, types of language delay and cause and consequences of LD).

The second chapter contains two sections that highlight the most important details about The Role of Orthophony in Creating a Safe Space for Language Delay Children, the first section included Orthophony sponsorship (the necessary and goals of Orthophony as well as Orthophony sponsorship steps, the second section represents tasks of speech therapist, starting with the role of Orthophony and speech therapist in general moving to the intervention of the SLPs and his role in diagnosing and treating the delayed children, well chapter three dealt with the field work

In order to check the validity of the hypothesis, a structured observation has been used as a first data gathering tool. It consisted of 8 cases out of 20 children. This sample ranges in age from two and a half to 5 years. They suffer from both simple and severe language delay (expressive and receptive) to varying degrees.

The second descriptive study was made for the same reason. The interview was designed and dispatched to the speech therapist D (X) and the psychologist of the orthophonic clinic

The analysis of both tools showed that most of the children's around two to five years old suffering from language delay to varying degrees with different cause and symptoms are treated in different ways, the children interaction with each other helped them to integrate and adapt and gave them psychological comfort, the sessions provided by the doctor helped the language delayed children to improve significantly, and this is the biggest evidence of good diagnosis and treatment.

According to the search findings, Orthophony is helpful in evaluating and treating language delays in youngsters. Here are a few general conclusions:

- ❑ Failure to notice and intervene early in speech and language deficits can have a wide-ranging and potentially severe impact on early child development.
- ❑ Serious disturbances in speech or language acquisition have both direct and indirect effects on child and adolescent development, not just communication.
- ❑ Diagnosis of language delay or disorder requires differential diagnosis and an adequately scheduled initiation of therapy.
- ❑ It has been discovered that singing abilities in children with specific language impairment can aid in the diagnosis and treatment of language delay.
- ❑ It is critical to identify and correct language delays in children as early as feasible to avoid detrimental repercussions, Orthophony can help in this process by providing precise diagnosis and early treatment.

As a final point, the hypothesis is confirmed, treatment methods differ from one child to another according to the severity and cause of language delay, but treatment methods remain known for each type of language delay, and the results remain positive and effective as long as the diagnosis is early and the treatment is correct.

Limitations of the Study

Despite the fact that this work has been completely done and achieved theoretically and practically, there has been some difficulties and limitations that at some point made it very tough to make any progress in this work. The first obstacle that we faced was the rejection that we got from almost all the speech therapist in day care houses, medical centers and Orthophony clinics. Where the speech therapists refused to reveal their techniques in helping the children of language delay and didn't even allow us to meet the diagnosed children. It took us 03 months to finally find a clinic to start our practical research. The only one who welcomed us was D(X) and her clinic. The second limitation was the unavailability of the references of Orthophony since it is a new science that hasn't been given much importance especially in Algeria, which created a lack of books, articles and any kind of written documents that discusses Orthophony. This has limited our research and linked us to few books which we grasped most of our references from, in comparison to the topic of language delay, there are references and websites that contain information, and we have used them to support our dissertation.

Another difficulty was working in Ramadan, where the work times of the clinic were different from the ordinary days. Most clinics work for a shorter time in Ramdhan and this is why our descriptive study was delayed to after Ramdhan so we could spend as much time as we can with the children and the speech therapist.

Suggestions and Recommendations

All teachers and learners as well as parents must know how important Orthophony in their life, this study is about the role of Orthophony towards diagnosing and treating the language delay among children, the field of Orthophony is a new field in Algeria and is not known to many, and language delay is a problem that many children encounter and many underestimate it. Therefore, we suggest some guidelines, which are:

- ☐ Introducing Orthophony as an important specialty for the diagnosis and treatment of most linguistic and mental illnesses.
- ☐ Reliance on Orthophony as a field of treatment and improvement of behavioral disorders, even for normal children.
- ☐ Educate fathers and mothers about the danger of linguistic delay in the academic and scientific achievement of their children.
- ☐ Encouraging parents to treat their children who are linguistically late, as private clinics have a great role in improving that delay.
- ☐ Inclusion of Orthophony as a specialty of psychology in public universities and in private Khenchela University.
- ☐ Taking early diagnosis into consideration as the first means of correct treatment.
- ☐ Providing reviews and books in the field of Orthophony, as they are very few compared to the importance of the topic and the support of the writers.
- ☐ Using social networking sites as an important tool in defining Orthophony and its importance.

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2018 مدخل إلى الرطوفونيا: عالقة الرطوفونيا بالعلوم الأخرى, جنون, أ ،

Appendix

☐ Question of the interview for the speech therapist

1. Are there therapy results with children who have linguistic delay?
2. Are the tests you are working on useful for them to solve this problem?
3. Is there a difference between a child who speaks some words and one who never speaks?
4. Are breathing exercises necessary to recover linguistic delay?
5. Do parents have a role in healing their children?
6. Does age have a role in the rehabilitation of the Orthophony?
7. The type of marriage Is it a consanguineous marriage?
8. Did the mother of the child takes medications during pregnancy without consulting a doctor?
9. Did her regrets pregnancy by a gynecologist?
10. Did the child suffers from breathing difficulties during child birth?
11. Did the mother suffered from psychological and physical disorders during pregnancy?
12. Was breast feeding only normal?
13. Is the environment in which the child lives quiet?
14. Has the child already sat at a babysitter?
15. Is there any suspicion of a defect in the child before?

16. Does the child go to kindergarten?
17. Is the child exposed to a kind of psychological trauma?
18. Did the mother talk to her child on an ongoing basis?
19. Does your child often use a mobile phone or television?
20. Is there a genetic disease in the family, and what is it?
21. How was the birth (natural / cesarean section)?
22. Child behavior (aggressive / calm) ...?
23. Are there exercises given to parents to help their children to speak?
24. Is there a difference in the rate of language delay among children ?

☐ Pictures Representing the Games and Activities Presented and Observed inside the Clinic







République Algérienne Démocratique Et Populaire
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Faculté des lettres et des langues
Département langue et littérature



الجمهورية الجزائرية الديمقراطية الشعبية
وزارة التعليم العالي والبحث العلمي
جامعة عباس لغرور خنشلة
كلية الآداب واللغات
قسم اللغة و الأدب العربي
رقم: 08/ع ل خ/ك أ ل ل ع 2023

خنشلة في: 2023/03/22

إلى السيدة: عبابسة بسمة - عيادة أطفونية - خ

الموضوع: طلب ترخيص بإجراء تربص بيداغوجي

تحية طيبة وبعد:

نرجو من سيادتكم الترخيص للطالبة: صحراوي شيماء المولودة(ة): بتاريخ: 1998/06/20 خنشلة - خنشلة

رقم التسجيل: 171834065694 ،

وكذا الطالبة: حرنان زينب المولودة(ة): بتاريخ: 1995/01/15 تسة - تسة

رقم التسجيل: 151534073490

المسجلتان في السنة الثانية ماستر تخصص: لغة و ثقافة بإجراء فترة تربص بيداغوجي في مؤسستكم للمدة:

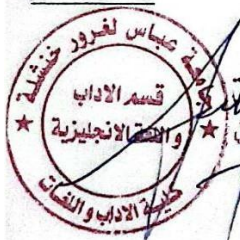
من: 2023/03/22 إلى: 2023/04/22

مع العلم بأن الطالبتان تعدان بحثا حول دور الارطوفونيا في تشخيص و علاج التأخر اللغوي لدى الطفل ، في إطار الأعمال لشهادة الماستر في اللغة والأدب الإنجليزي.

ونشكركم مسبقا على مساعدتكم، ودمتم أوفياء لخدمة العلم والمعرفة.

تقبلوا منا أسى عبارات التقدير والاحترام

رئيس القسم



فلاح هشام

رئيس قسم الآداب واللغة الإنجليزية
مدرسة علمية الآداب واللغات



Résumé

Cette étude a été menée pour découvrir le rôle de l'orthophonie dans le diagnostic et le traitement du retard du langage chez les enfants, elle vise à découvrir le rôle de la thérapie de vitesse dans le traitement de ce retard, selon de nombreuses écoles maternelles et cliniques d'orthophonie, il a été avancé que les enfants qui sont incapables de parler ou même de prononcer des mots à l'âge de deux ans souffrent de niveaux considérables de retard du langage et de difficultés à comprendre le langage et à exprimer leurs pensées oralement, ce qui peut être causé par de nombreux facteurs tels que la naissance prématurée et la diminution des capacités mentales et d'autres troubles du développement. La majorité de ces enfants sont confrontés à ces facteurs et à de nombreux autres facteurs, ce qui rend l'objectif de parler et de communiquer beaucoup plus difficile. Afin d'atteindre les objectifs de la recherche, la procédure d'analyse des données a été basée sur la méthode qualitative, où l'observation et l'entretien ont été choisis comme outils de collecte de données. Le cadre méthodologique a commencé avec l'observation, où huit enfants sur vingt ont été observés pendant un mois d'affilée pendant les temps de travail de la clinique, analysant les niveaux et les raisons du retard de langage. La deuxième étape de la collecte des données a été l'entretien, au cours duquel l'orthophoniste, responsable de la clinique d'orthophonie sur laquelle nous avons basé notre étude, a été interviewé. Après avoir perçu et observé les enfants, il a été remarqué que le retard de langage semble se propager chez un grand nombre d'enfants, en particulier ceux âgés de quatre à cinq ans. L'observation a également révélé que la plupart des parents ne se rendaient pas compte que leurs enfants souffraient d'un retard de langage jusqu'à l'âge de quatre ans. L'entretien, qui a également été mené dans la même clinique, a montré qu'il existe plusieurs façons que l'orthophoniste suit pour savoir dans quelle mesure les petits patients sont retardés. L'entretien a également révélé que l'orthophonie est la solution la plus appropriée pour ceux qui sont diagnostiqués avec un retard de langage en raison de ses façons d'analyser et d'explorer les différents facteurs de chaque patient et comment traiter chaque cas, qu'il nécessite un traitement médical, un traitement psychologique ou tout autre type de traitement.

الملخص

إجراء هذه الدراسة للكشف دور الأرتوفونيا في تشخيص وعلاج تأخر اللغة لدى الأطفال ، وتهدف إلى معرفة دور المبكر في علاج هذا التأخر ، وفقا للعديد من روضات الأطفال وعيادات الأرتوفونيا ، فقد تم التوصل بأن الأطفال تم الكشف عن قدرات عدل التحدث أو حُت نطق الكلمات في سن الثانية يعانون من مستويات كبرية من التأخر اللغوي وصعوبات في فهم اللغة والتعبير عن أفكارهم شفويا، والتي قد تكون ناجمة عن العديد من العوامل مثل الوالدة المبكرة وانخفاض القدرات العقلية واضطرابات النمو المختلفة، يواجه غالبية هؤلاء الأطفال هذه العوامل والعديد من العوامل الأخرى ، مما يجعل هدف التحدث والتواصل أكلي صعوبة. من أجل تحقيق أهداف البحث ، استند إجراء تحليل البيانات إلى الطريقة النوعية ،

حيث تم اختيار الملاحظة والمقابلة ليكونا أدوات لجمع البيانات. بدأ الإطار المنهجية بالملاحظة ، حيث تمت ملاحظة ثمانية أطفال من أصل عشرين لمدة شهر واحد عدل التوافق خلال أوقات عمل العيادة ، وتحليل مستويات وأسباب تأخر اللغة. كانت المرحلة الثانية من جمع البيانات المقابلة ، حيث تمت مقابلة معالج النطق ، المسؤول عن عيادة الأرتوفونيا حيث استندنا دراستنا فيها. بعد مراقبة الأطفال، لوحظ أن تأخر اللغة يبدو أنه ينتج عن عدد كبير من الأطفال ، وخاصة أولئك الذين تجاوز أعمارهم بربوبية أربع سنوات وخمس سنوات. كشفت الملاحظة أيضا أن معظم الآباء لم يدركوا أن أطفالهم يعانون من تأخر اللغة حتى سن الرابعة. أظهرت المقابلة ، التي أجريت أيضا في نفس العيادة ، أن هناك عدة طرق يتبعها معالج النطق لمعرفة شدة ودرجة التأخر اللغوي للمرضى الصغار. وكشفت المقابلة أيضا أن الأرتوفونيا هو الحل الأنسب لأولئك الذين تم تشخيصهم بتأخر اللغة بسبب دوره في تحليل واستكشاف العوامل المختلفة لكل مريض

س أو أي نوع آخر من العلاجات.

وكيفية التعامل مع كل حالة ، سواء كان يحتاج إلى علاج طبي أو نفسي