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The Overlap Between ADHD & Language Impairment



Bonnie Hacker, OT Founder / Director

Studies have found up to 50% of preschoolers presenting for psychiatric services to have *undiagnosed* language impairment.^{1,2} Language impairment refers to developmental disorder of both expressive and receptive language not caused by injury, hearing loss, or other developmental

disorders. Among children meeting the criteria for attention deficit hyperactivity disorder (ADHD), the prevalence of language impairment reaches 45%.¹⁻⁴ When comparing groups of children diagnosed with ADHD and children with different combinations of diagnoses, researchers find that language impairment contributes more to variance in achievement, working memory, and executive function than does ADHD.⁴⁻⁵ This remained true whether measuring verbal or nonverbal working memory. The treatment implication is that for roughly half of children diagnosed with ADHD, optimal outcomes require therapy for language impairment.



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The diagnoses of language impairment and ADHD have strong overlap. For instance, the scientific literature shows that children diagnosed with ADHD have challenges with working memory, discourse organization, inferring, and executive function.⁶ Likewise, language impairment affects verbal and non-verbal working memory, expressive cohesion, topic maintenance, social-cognitive reasoning, and even cognitive functioning requiring inhibitory control.^{5,7,8} Behaviors common to language impairment also occur in the diagnostic criteria for ADHD (e.g. difficulty listening when spoken to, following instructions, talking excessively, blurting out answers, interrupting, and trouble taking turns in conversation).⁹ The importance of language impairment in ADHD bolsters the long-standing recommendation that pediatric speech language assessment and treatment should be part of a multi-disciplinary approach to ADHD diagnoses.

While the co-existence of language impairment (LI) compounds the challenges experienced by children with an ADHD diagnosis, there is an optimistic component to the LI / ADHD association. Some of the neural deficits involved in language impairment appear to be plastic and can be retrained (without the need for lifelong medication). The preponderance of randomized, controlled trials - more than 23 - have shown various methods of pediatric speech language therapy to be effective at improving expressive language, receptive auditory comprehension, lexical acquisition, and phonology in preschoolers.^{10,11} When children have an ADHD diagnosis, please tell parents about the possible involvement of language impairments and about the expert speech language therapy services available at Emerge - A Child's Place.

Integrating Occupational and Speech Therapy



ADHD serves as an example of the many pediatric conditions with overlap between speech and occupational therapy needs. In addition to the language element of ADHD described above, motor incoordination and the strong potential for sensory processing deficits also exist with ADHD.^{12,13} Among children with motor problems, the prevalence of speech and language disorders is high, and the converse is also true. Emerge provides a more comprehensive pediatric therapy approach by integrating services from both occupational therapists and speech therapists.

Please tell parents about Emerge – A Child's Place Believing in a Child's Potential to Flourish

References

- Beitchman J, Wilson B, Johnson C, et al. Fourteen-year follow-up of speech-languageimpaired and control children: psychiatric outcome. J Am Acad Child Adolesc Psychiatry, 2001; 40: 75.
- Helland W, Heimann M. Assessment of pragmatic language impairment in children referred to psychiatric services: a pilot study of the Children's Communication Checklist in a Norwegian sample. Logoped Phoniatr Vocol. 2007; 32: 23-30.
- 3. Tirosh E, Cohen A: Language deficit with attention-deficit disorder: A prevalent comorbidity. J Child Neurol 1998; 13: 493-497.
- 4. Bruce B, Thernlund G, Nettlebladt U. ADHD and language impairment. European Child & Adolescent Psychiatry. 2006; 15 (1): 52-60.
- Cohen N, Vallance D, Barwick M, et al. The interface between ADHD and language impairment: an examination of language, achievement, and cognitive processing. J Child Psychol, Psychiat. 2000; 41 (3): 333-362.
- Westby C, Watson S. Perspectives on attention deficit hyperactivity disorder: executive functions, working memory, and language disabilities. Semin Speech Lang. 2004 Aug; 25 (3): 241-54.
- 7. Denckla M. Bilogical correlates of learning and attention: what is relevant to learning disability and attention-deficit hhyperactivity disorder? Journal of Developmental and Behavioral Pediatrics. 1996; 17: 114-119.
- Johnston J. Specific language disorders in the child. In N.J. Lass, L.V. McReynolds, J. Northern, & D Yoder (Eds.) Handbook of speech language pathology and audiology. 1988; Toronto: B.C. Decker.
- 9. Westby C, Watson S. Perspectives on ADHD: Executive functions, working memory, and language disabilities. Semin Speech Lang. 2004; 25: 241-254.
- Nelson H, Nygren P, Walker M. et al. "Screening for speech and language delay in preschool children: systematic evidence review for the US Preventive Services Task Force." Pediatrics: Vol 117, No.2, February 2006, pp. 298-319.
- 11. Law J, Garrett Z, Nye C. "Speech and language therapy interventions for children with primary speech and language delay or disorder." Cochrane Database Syst Rev. 2003 (3).
- 12. Kadesjo B, Gillberg C: Attention deficits and clumsiness in Swedish 7-year-old hyperactive boys. Ann Neurol 1978; 3: 231-233.
- 13. Denckla M, Rudel R. Anomalies of motor development in hyperactive boys. Ann Neurol 1978; 3: 231-233.