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**Language Developmental Delay and Speech
Disorders among Pre-School Children**

The Case of Children at Dar Tofoula Al Mosaafa - Mostaganem

A dissertation submitted in partial fulfilment of the requirements
for the Master Degree in “**Linguistics**”

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Dedication

To my parents

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General Introduction

Speech and language act as essential elements that construct communication processes between human beings to exchange attitudes, provide an input (instructions) and output (activities). Communication is the core concept in which meanings can be decoded and transmitted. A lot of sophisticated processes contribute in functioning the speech and language reception and production in the brain. Normal children systematically follow the cognitive, social and linguistic milestones. All ordinary children acquire a limited number of utterances and they progress through the same developmental language stages and absolutely language acquisition accomplished through the biological inner capacity. The cognitive maturity of conceptualizing the language signs as well as the interaction under the guide and the assisted performance of parents and environmental surroundings.

However, children with speech language delay and disorders can exhibit some deviations and abnormalities in milestones development and language acquisition. In this regard, Language Developmental Delay (LDD) refers to the common developmental difficulty the child faces to receive and produce speech sounds in the right period of language development. Interestingly, unusual cognitive and social signs push parents to search for a solution to that issue. At this point, the factors underlying LDD and speech disorders are still under debate but some scholars categorized them as: genetic, neurological or environmental. The researcher initiated an interest in investigating such issue in the Algerian context due to the cases of young children in their community who encounter LDD and speech disorders.

The present study examines the obstacles Algerian pre-school children encounter in their language acquisition. By checking the reasons behind their LDD. The study attempts to raise the parents' awareness about the potential treatments and solutions for their children's linguistic deficits. To achieve these aims, the researcher raises the following questions:

- 1- What are the reason that underly a delay in Algerian preschoolers' language development
- 2- What are the possible diagnoses, treatments and solutions the parents should be aware of in order to decrease LDD among their children?

The researcher, based on those questions, hypothesizes that:

- (1) the lack of social interaction is a significant factor that leads to LDD among Algerian preschoolers, and that
- (2) children's production of speech needs to be controlled regularly by parents, and the specialized institutions can be effective to help the child be more exposed to social interaction and thus overcome the LDD obstacles.

The targeted population of this study IS the preschool children that encounter LDD. The sample is twenty parents (20) to be asked about the cases of their children. The targeted institution in a specialized nursery in the city of Mostganem, Algeria (Dar Tofoula Al Mosaafa). In addition, four specialists (4) who co-work with the nursery (a psychologist pedagogue, an orthophonist, a psychotherapist, and a clinician psychologist) are interviewed in the pursuit of checking the reasons and finding solutions for LDD among Algerian children.

The study is a three-chapter body. The first chapter introduces the major theories of language acquisition and language development as it sheds light on relevant literature of works conducted on Language Developmental Delay (LDD). The second chapter is devoted to describe the research design, tools, sample and procedures of collecting data. The last chapter presents the analysis of data and the discussion of the results.

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CHAPTER TWO

METHODOLOGY AND DATA ANALYSIS

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institution of Dar Tofoula Al Mosaafa in the city of Mostaganem, Algeria. Some other parents volunteered from local areas of the same city. Interviews were done with three specialists in the same institution, while an interview was done with an orthophonist, another one with a psychotherapist, in their clinics. Data were then collected to be quantitatively and qualitatively analyzed.

2. Data Analysis

This part provides the analysis of data collected from both tools.

2.1 Analysis of the Parents' Questionnaire

Children's Age and Gender

Each of the questioned parents have a case of their one child who encounter a delay or disorder in their language development. The following table shows the children's ages and genders.

Child's Gender		Child's Age		
Male	Female	4 years	5 years	6 years
13 (65%)	7 (35%)	5 (25%)	12 (60%)	3 (15%)

Table 1. Children's Ages and Genders

As it is remarkable most of the children who face problem with speech delay and disorder are five-year old. In addition to that it is noticed that almost of two thirds (65%) are male.

Children's Biological and Physical Conditions

Biological and Physical Conditions	Cases (out of 20)
Hearing problems	2
Visual problems	3
Delayed motor development	4
Serious illness	6
Receiving frequent medical treatment	4

Table 2. Children's Biological and Physical Conditions

As it is mentioned in the table, six children have serious illnesses for instance (asthma, could). And four children are receiving immediate medical treatment. However, two other cases encounter hearing problems. It is also important to mention that four children have a delayed development in their abilities while three other cases having visual problems, one have had a serious fever in his first year after birth.

Children's Age When They First Spoke

2 years	3 years	4 years	5 years
2 (10%)	4 (20%)	11 (55%)	3 (15%)

Table 3. Children's Ages When They First Spoke

The majority of children start to speak at the age four. However, four children began to speak at the age of three, while three others began at the age of five only two parents said that their children start to speak at the age of two.

Children's Ways to Communicate

One-word	Two-word	Gestures	Short Sentences	Communication Device
4 (20%)	7 (35%)	3 (15%)	5 (25%)	1 (5%)

Table 4. Children's Ways to Communicate

Answers of parents are quite different as it mentioned in the table, two third (35%) of their children restrictively in a two word way of communication. Four children use only one word. Five children use short sentences in their communication. While three other children use gestures. One of the children who have hearing problems is using a device to receive other speech.

Children's Free Time

Watching TV	Playing with toys	Playing with Mobiles	Playing with other Children
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16	7	10	9
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Table 5. Children's Free Time

As parents said children watch tv a lot sixteen sixteen cases out of twenty children watch TV. In addition to one or two other activities in their free time. Noticeably half of parents reported that children use mobile in their free time. Moreover nine parents confirmed that children play with their peers. Only seven children prefer to play with toys in free time.

Children's Fears and Anxieties

When parents were asked whether their children have fears or anxieties (see table below), the majority answered with a 'no', yet some parents named some fears and anxieties.

Yes	No
4 (20%)	16 (80%)

Table 6. Children's fears of being alone

when parents were asked if their children have fear or anxieties most of them answered with no, and some parents asserted some anxieties. Two parents confirmed that their children often are scared for being alone, while one of the parents asserted that their children cry when do not understand them. Another parent said that their child fear from darkness.

Children's Behaviors with Caregivers

When parents were asked whether their children behave differently with other people who take care of them, their answers showed different behaviors and attitudes.

Normal	Aggressive	Afraid	More Interactive
6 (30%)	3 (15%)	8 (40%)	3 (15%)

Table 7. Children's Behaviors with Caregivers

Parents answered to the question of whether their children behave differently with other

people who take care if them. That they have different behavior and attitude. Eight parents remarque that their children fear their caregivers at home and institution, three parents reported that caregivers are treated aggressively sometimes by their children, three children are more interactive with caregivers than with parents. Other cases are behaving normally with their caregivers.

Children's Social Development

In this part parent were asked to determine the approximate frequencies of actions and behaviors of their children. The option provided to parents are: almost always/ sometimes/ never.

1. Staying with one activity for some long time		
AlmostAlways	Sometimes	Never
4 (20%)	8 (40)	8 (40%)

Table 8. Staying with one activity for some long time

Eight parents confirmed that their children sometimes prefer to keep doing one activity for some long time. While other four cases mention that children prefer to keep doing an activity for long periods of time almost all the time.

2. Accepting limits without getting upset		
Almost Always	Sometimes	Never
7 (35%)	6 (30%)	7 (35%)

Table 9. Accepting limits without getting upset

As it is mention in the table seven parents asserted that their children never accept such limits, otherwise seven parent confirmed the opposite. However six parents reported that their sometimes accept and sometimes reject those limits.

3. Playing well with other children

Almost Always	Sometimes	Never
4 (20%)	10 (50%)	6 (30%)

Table 10. Playing well with other children

As it is mentioned in the table half of the parents reported that their children play with other children from time to time. Whereas six parents said that their children play alone. However, four parents mentioned the opposite. That is their children most of the time play with other.

4. Stopping when asked to stop doing things		
AlmostAlways	Sometimes	Never
6 (30%)	4 (20%)	10 (50%)

Table 11. Stopping when asked to stop doing things

Half of the parents reported that their children do not stop doing things when they are asked to while seven parents asserted the opposite. However, four parents said that their children sometimes stop doing things when they are asked to, and sometimes no.

5. Obeying Parents		
Almost Always	Sometimes	Never
9 (45%)	8 (40%)	3 (15%)

Table 12. Obeying Parents

As the table above show three parents reported that their children never obey them. But eight parents opted for 'sometimes' and nine parents opted for 'almost always'.

6. Easy Separation from parent or caregiver		
AlmostAlways	Sometimes	Never
5 (25%)	7 (35%)	8 (40%)

Table 13. Easy Separation from parent or caregiver

As it is mentioned in the table five parents reported that their children separated easily from them or their caregivers. Whereas seven parents confirmed that their children sometimes

have their easy separation from parents or caregivers while eight parents reported that their children never separate easily from their parents or caregivers.

7. Having temper tantrums		
Almost Always	Sometimes	Never
8 (40%)	6 (30%)	6 (30%)

Table 14. Having temper tantrums

As it is mention in the table, eight parents reported that their children always get tempered easily. So that they have tantrums. However, six parents reported that their children sometimes have those temper tantrums while six others denied such kind of status.

8. Easy frustration and crying		
Almost Always	Sometimes	Never
7 (35%)	10 (50%)	3 (15%)

Table 15. Easy frustration and crying

As it is mentioned in the table, half of the parents asserted that their children are sometimes frustrated and cry easily. Whereas seven parents reported the opposite that their children are frustrated and cry always. Only three parents said that their children are never frustrated or crying.

9. Noticing other peoples' feelings		
Almost Always	Sometimes	Never
13 (65%)	2 (10 %)	5 (25%)

Table 16. Noticing other peoples' feelings

Thirteen parent reported that their children observe always very well how other people feel. As it is mentioned in the table. Five parent reported that their children never observe how other people feel.

10. Waiting to hear the whole question before answering		
AlmostAlways	Sometimes	Never
10 (50%)	6 (30%)	4 (20%)

Table 17. Waiting to hear the whole question before answering

As it is mentioned in the table, ten parents reported that most of the time their children wait to hear the whole question before answering, six parents mentioned that their children sometimes wait to hear the whole question to answer, and only four parents asserted that their children never wait to hear the whole question before answering.

11. Preferring to be with other people		
AlmostAlways	Sometimes	Never
7 (35%)	5 (25%)	8 (40%)

Table 18. Preferring to be with other people

As it is mentioned in the table, seven parents confirmed that their children always prefer to be with other people while five parents reported that their children sometimes like to be with other people. It is clearly from the table that eight children do not like to be with other people.

2.2 Analysis of the Specialists' Interview

The answer of each question in each part are presented in a separated table. Only the gist of the specialists' answers are noted below:

a- What affects the process of language development during early childhood?

Specialist	Answer
Orthophonist	Sounds are always organized in classes with shared features that's why we have long sounds and short ones. Almost all children cannot learn them easily. The lack of exposure to natural language may cause delay and disorder in speech.

Psychotherapist	If they are not reacting to parents' motion and sounds, then they become not interested to initiate sound. The lack of parents' care and the medical treatment may cause problems in speech development.
Psychologist pedagogue	Children who don't have the ability to do gestures at their first year may face a risk of speech delay. The parent may not observe that, so no treatment would be done at early stages.
Clinician psychologist	It is expected to make errors like leaving out the last or first consonant in a word. Children do not need to be corrected between the age of 18 and 24 months. However neglecting them may cause disorder.

Table 19. Specialists' opinions on the factors affecting language development

- a- As a specialist, do you think that the institution offers for the child the appropriate healthy growth?

Specialist	Answer
Orthophonist	The articulation impairment in the mouth should be corrected by orthophonists or clinical specialists.
Psychotherapist	If they could find a clever solution for some cases, I would consider them as beneficial. For example they need to cope with children who cry whenever they cannot express their needs, instead of causing them more crying.
Psychologist pedagogue	Parents may show their child the production of the sound by itself. Some institutions are good at such act for even three to four years old children.
Clinician psychologist	Institutions can motivate children to some extent, the more the parent talk to their children the more they produce words. If that happens in the institution by its workers, the healthy outcome would happen.

Table 20. Specialists' opinions on institutionalization

- b- To what extent do you think that institutionalization is an effective solution to children with LDD?

Specialist	Answer
Orthophonist	Institutions are good if they have orthophonists and clinicians and are equipped with sufficient materials that can help children.
Psychotherapist	Those who are autistics, those who have language retardation or speech delay. Such institution must be separating those kinds of people. Specialists should not reach any feedback if the children are a mixture of victims of several psychological incidents.
Psychologist pedagogue	Speech disorder or delays may not develop social, emotional, or behavioral state of children during their growth. Institutions should take into account the problems that cause those delays and disorder. A good plan by workers of the institution can bring solution.
Clinician psychologist	Workers of any institution that cares of those children should play the role both of the mothers and father.

Table 21. Specialists' opinions on the institutionalization's effectiveness

- c- In which ways can institutionalization influence a child mental, socioemotional growth and language development?

Specialist	Answer
Orthophonist	The best thing that institution can do is for example repeating words correctly after children not before as usual parent do.
Psychotherapist	Children like to stay alone and not talk about their families. However, the new social environment may motivate them to interact with others. It is important to mention that the care of parents cannot be replaced by institution.
Psychologist	Children in institution should be motivated by good surprise. A five

pedagogue	year old child was surprised by a birthday party with the song words written around him, and that triggered him to move from one word to phrase formation.
Clinician psychologist	There is a different kind of children in institutions. Some with unknown origins, some are orphaned, some who have a serious illnesses and some whose parents are poor, workers should take this socio emotional factor into consideration in order to motivate them to speak.

Table 22. Specialists' opinions on the institutionalization and language development

d- What are other remarks that you can add about parents' treatments to children?

Specialist	Answer
Orthophonist	Parents have to respond to the first sounds and gestures their babies make by repeating what they say and adding to it would satisfy them.
Psychotherapist	If parents talk about the things which a child sees, tell stories, ask question and listen to answers their children will try to do the same.
Psychologist pedagogue	Parents should figure if their children can hear can react, can understand. Medical treatment in early stages can be helpful. However, the first treatment must be social and emotional.
Clinician psychologist	Caregivers and parent should be aware that children learn language by listening to other.

Table 23. Specialists' remarks on parents' treatment to children

Conclusion

The chapter at hands has provided methodological issues about the study and its sampling criteria. It has also presented the description of the methods used to investigate the causes of language developmental delays and the effectiveness of institutionalization as a solution. The parents' questionnaire and specialists' interview have been quantitatively and qualitatively analyzed. The following chapter presents the findings, discusses the results and recommends some guidelines to parents and institution workers.

CHAPTER THREE

FINDINGS AND RECOMMENDATIONS

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Introduction

The present chapter describes the methods used in the investigation of children's speech delay and disorder. First, the research design is provided by reminding the reader with the research hypotheses. Then, the research instruments, a questionnaire and an interview, are described in terms of purpose, form and content. The chapter also provides a description of the participating informants in the investigation. They are parents and specialists. Data collection procedure is also presented and followed by the analysis of parents' questionnaire and the specialists' interview.

1. Discussion of Findings

This section deals with interpreting the results gained from both the parents' questionnaire and the specialists' interview.

1.1 Results from the Parents' Questionnaire

The questionnaires were answered by the parents of children with language development problems. The study found that boys are more primarily subjected to speech language problems than girls. Even the institution (Dar Tofoula Al Mosaafa) had more boys than girls who enter the public center of speech therapy in Mostaganem. Besides, the study found that most of the cases in the institution and that parents talk about are children of five-year-old age.

The results demonstrate that some illnesses contribute to LDD and speech delay. Several parents reported that their children encountered serious sicknesses like fever at early stages. Linking physiological and physical problems to the ability to speak properly has already been studied by several physiologists and psychologists. It is noteworthy that neurological impairment could be caused by such problems as visual or hearing disabilities. Motor-delayed

problems may not interfere with speech problems directly, yet they could affect on children's psychology and emotions, hence, on their self-confidence in the abilities they might have (like speaking)

Furthermore, the results showed that the majority of children who struggle delays or disorders in their speech development start their potential speech productions at the age of four. As the majority of parents reported, two-word attempts are common way that children communicate with. As for those who depend on gestures, they are affected mainly by physical impairments (hearing or seeing problems).

Notably, the majority of children are exposed to television and mobiles so often. The nature of such technological devices to children is not helpful for the enhancement of communication skills. Children's behaviors in a speaker-listener exchange is different from exchanging information with television or mobiles. As unilateral, television is unlikely facilitating children's communication opportunities. Being addicted to television and mobiles, also, may cause them emotional reactions.

Playing with toys and with other children is more beneficial and helpful in terms of communication and potentials to speak and develop speech abilities. However, the number of parents who claimed that their children play with other children is much less than expected. Moreover, playing with toys is still an activity that does not seem as social as playing with other children.

Asking parents about the aggressiveness of their children with caregivers was meant to help us gain information about children's emotional and interactional behaviors. Almost half of the parents described the status of their children towards caregivers as fear. That can be reflecting the lack of communication, feeling insecure with others or a matter of unfamiliarity. Some cases show aggressiveness, and they can be explained as anger when unsatisfied and a reflexive action with others through what parents do. This can be related to emotional causes

of delays and disorders in speech.

Boredom is also proved (as table 8 shows) to be a mirroring factor of what kind of actions interest and attract children. When the child is taking long time in one activity, it is an indicator that they enjoy activities; however, being tempered and easy-bored make them feel bad towards their status, namely when they attempt to speak in vain. Boredom, thus, is a major emotional factor.

When parents put limits to their children, some accept it and some do not. Among those who accept the limits, the case study showed that only one-third children accept the limits without getting sad. Further, sadness or getting upset are results of emotional factors that may be causes for even physical influence. For those who get upset when they are asked to stop doing an activity, their reactions are shifting from crying, shouting, and breaking stuff to a stable state of sadness. Such weakness is presented in a way that could cause them less self-confidence and less initiatives of defending themselves (or speaking).

However, table 11 demonstrates that almost half of the children never follow their parents' orders. That is, there are such daring moments when children attempt to talk more. Nonetheless, the way they are triggered and motivated to talk is not supportive to their language development. That is explained by their parents' orders that seem harsh and irrelevant to children.

Children that have language production deficits are emotionally and mentally sensitive. Parents reported that their children get angry or frustrated easily. Temper tantrums and crying frequently are reflexive actions done by children to compensate their dissatisfaction about the inability of speaking properly.

1.2 Results from the Specialists' Interview

The interviews investigated the role of institutions in curing children's developmental

delays. The group of specialists include four specialists: orthophonist, psychotherapist, psychologist pedagogue, and clinician psychologist.

Results from the interview showed that institutions influence the child's mental development. Children spend much time developing their intellectual abilities while playing with other children under the supervision of nurses and psychologists. When the specialists contribute to programming games and activities, the development of mental and speech abilities improve. As institutions focus on the linguistic development of children with LDD and speech disorders, children are prepared to school because they practice the alphabet, the numbers, and various activities that enhance their growth.

Through the answers of the specialists, it is preferred that the child stays at home with their parents since they need them the most in their first years. Much emotional care is received at home. As for education, if the parents devote their time to teaching their children to speak and listen to them, that is better for some children than to be with other children who may treat them badly. Besides, institutionalization is good when children have social or cognitive problems, institutions would provide an environment full of caregivers and other children where they all make activities that help children cognitively improve.

Based on their experience in giving care to different categories of children, normal, autistics, and those who have language disorders, all the specialists shared the view that there is no difference between institutionalized and non-institutionalized children. Children, no matter where they are, need stimulation from their parents by first place and the surroundings as well. What makes the non-institutionalized child varies from his peer who lives in nurseries is that the former is luckier to rear in home where he gains a healthy growth if he lives in a family where better condition are established. Yet, physical, intellectual, and socioemotional growths are better found at home. Institutionalized children may not act freely for that they are

obliged to live, react, and follow some regulations.

Based on the specialists' insights, social factors make things worse in the process of improving speech production. For that, institutions are preferred for orphans, abandoned, mongolisms, or children who live with divorced or poor parents. However, institutions can never be the ultimate substitute, where the staff cannot behave like any parents, during the day and the night. Institutions are considered by specialists as adoption that remains the best solution for some children who need to rattrap what they missed and offering for the child a real family environment though it is not his biological family.

2. Recommendations

Based on the implications of the study, the researcher provides some recommendations to parents and institutions.

2.1 Recommendations for Parents

In the light of the findings, it is very crucial to propose the following recommendations and tips for parents in order to help their children cope with their language development problems

- Repeating whatever the child says would help him interact more. Repeating certain words several times in different fragments and sentences will motivate them to produce such words.
- Children need to be trained on asking. Parents need to play with them yes/no questions, asking them silly questions (like "can dogs swim?") or questions of choice ("want apple or banana?"). That will help them initiate questions.
- Singing simple songs and making nursery rhymes will encourage them understand and initiate rhythmic words and speech.

- Children with in-born disabilities need much patience and care from their parents. The social, cognitive and linguistic skills need to be seriously and appropriately treated. Parents can consult medical assistance when necessary.
- Parents have to care for children's physical, mental and nutrition health and make them more social by allowing them to meet other children and take them out of any isolation condition.
- Parents need to know about their children's cognitive, behavioral physical, and linguistic properties. That will help parents save them from any risk that may cause or contribute to language development problems.
- Parents need to meet orthophonists and psychological therapists to be well aware of what they should do with the language deficits that their children encounter.
- Children are not aware of the quality of their behaviors. Parents have to be sympathetic.
- Children might refuse to speak sometimes. For that, parents are asked not to confuse them or make them anxious.
- Children need to improve their self-esteem and self-confidence. Parents' reactions to their words and actions can help such esteem and confidence raise.
- Parents are required to pay attention to the child's facial expressions and body language when they receive an input from parents.
- Parents have to show a great deal of importance and care to both infancy and preschool because they are regarded as the crucial periods of child intellectual growth and linguistic development.

- Children always need motivation. Parents' job is to help them explore their talents, appreciate them and their mental abilities.
- Because language delay and disorders can affect negatively all child's learning areas such as speaking and listening and poor achievement for their school stage, it is important to reach their basic communicative skills effectively such as promoting them by singing or share with them role play in order to enable the child to share thoughts and construct relationships.
- Parents have to afford much time to their children as to response to them, avoid interrupting them, help the child to figure out what s/he is going to say or reply. Hence, A successful acquisition of both receptive and expressive language skills is realized.
- Parents, as the first educators for their children, should support the child's communicative skills for effective outcomes later at school. Parents' efforts have to be exerted in order to endorse care through flexible and creative strategies to get rid of the risk of learning disabilities.

2.2 Recommendations for Institutions

The most critical period is early childhood. Children must be taken care of and supported. Some specialized institutions who welcome and care the children with speech disorders and delays should be noted to the followings:

- Institutions' regulations have to serve the child needs effectively. Children must be productive in nurseries in order not to be neglected by caregivers. Through doing this, the critical growth goes well.
- It is necessary for nurses and caregivers to be well-trained before treating children. Their

awareness of the statuses and conditions of children should always be raised.

- Equipping the institution with all tools of entertainment would be helpful for some kinds of children. Besides, an orthophonist must be always available or following the medical conditions of children with language deficits.
- Speech therapists have to be more creative and flexible in the implementation of speech therapy devices that facilitate the speech therapy process and avoid the dull traditional sessions.
- The government should provide medical devices and equipments -as in developed countries- in order to support such institutions in the treatment and teaching of children with language development deficits.

3. Limitations

The study has a number of limitations some of them are identified as follows:

- Some difficulties were encountered when opting for the context of the study. Employers of the institution were not supportive enough. Without the help of some specialists and parents, it would not have been conducted.
- It was difficult to convince some parents about the objective of the study. They rejected talking about the cases of their children. Besides, some parents refused to answer on some questions. They attempted to escape the question
- Contradictions in the answers of some participants due to either quick responding or just filling the gap. Some contradictions also appeared in the way some specialists understood the questions.

Conclusion

The research hypotheses are proved to be true. Various factors -other than biological- contribute to speech delay and disorders among preschool children. Institutions, besides, can be helpful for children who need to be in stable social conditions. The present chapter has dealt with the results of the study. Findings from both the parents' questionnaire and the specialists' interview have been highlighted and discussed. It has also presented some recommendations for parents that are mostly the sum of the study's implications. Major limitations and obstacles encountered while conducting the present study have also been presented.

General Conclusion

In this research, the aim was to explore the major causes of pre-school children's speech delay and disorders. It also aimed at checking whether institutionalization is a good substitute of home when treating children with language production deficits. This study has shown that pre-school children who are facing retardation and difficulties in speech production are affected by various psychological and socioemotional problems. The latter does not support them be self-confident and attempt to speak. The study has also shown that institutions are helpful for these children as they support them socially and mentally.

Speaking is the means by which a child is going to survive and realize academic achievement later in life. It is important to take a good care of children who might experience any condition that leads to delays or disorders in their speech. Since early childhood is a sensitive period, it is the responsibility of parents first to check on their children, interact with them, listen and speak to them and afford them all time.

All the specialized institutions and medical centers that care for children with language developmental delay and speech disorders have to improve the ways and techniques of speech production assessment, diagnosis, and intervention for these children. It is proved in all fields of medical sciences that early intervention would always be more effective. In addition, the teamwork in institutions, parents, and caregivers need to identify the points of strength that these children have in order to support them psychologically through developing their points of strengths.

Treatment plans need to be well created in order to help children develop their skills of listening and initiate producing speech. Children, in turn, should be always allowed to communicate, react and do impressions. In all environments and contexts, children need to be trained smoothly on reading and writing.

Since the present study was confined to analyze the reasons and risk factors behind speech and language preschool children's impairment, it is recommended for conducting further research to highlight some micro-reasons of delays and disorders in children's speech.

Dealing with other issues concerning psycholinguistics is also interesting. Researchers have to tackle more angles and through various perspectives the learning disabilities in school (dyslexia, aphasia, slow learning...etc.), autism, hearing loss, stuttering, children self-centrism, attention disorders, bilingualism, etc.

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APPENDICES

Appendix 1: Parents' Questionnaire

Dear parent(s)

You are kindly requested to answer this questionnaire. The latter will help us gain insight into the causes and conditions of your child's language developmental delay through getting ideas about their physical, social, behavioral and emotional development. The information you provide will contribute to the required fulfilment of a Masterdissertation at MostaganemUniversity

Thank you for your interest and collaboration!

Part One:

Your Child Age:

Gender: Male Female

Reasons related to biological and physical factors:

- Obstacle in hearing
- Obstacle in seeing
- Motor development delay
- Serious illness
- Having medical treatment

Part Two: Answer the following questions:

1- My child, when they first spoke, was

- 2 years 3years 4years 5years

2- In order to communicate, my child uses:

- One-word two-word phrases gestures shortsentences Communication device

3- My child spends time by:

- Watching TV Playing with toys with Mobile with other children

4- My child have fears and anxieties:

- Yes No :

5- When I leave my child with other caregiver, my child's separation behavior's is;

- Normal Aggressive Afraid More Interactive Other

Part Three: Social Development

Place an X in the box that best describes how frequently your child shows each feeling or behavior:

Feeling or Behavior	Almost Always	Sometimes	Never
<ul style="list-style-type: none">-My child keep doing one activity at a time.-My child accepts the limits and does not get upset-My child plays well with other children-When told to stop doing an activity, my child stops-My child does what I ask him/her-My child separates easily from parent or caregiver-My child suffers from temper tantrums-My child gets easily frustrated and cries frequently-My child notices the feelings and reactions of others-My child hears the whole question before answering-My child like to be with other people			

Appendix 2: Interview with Specialists

Dear orthophonist, psychotherapist, psychologist pedagogue, clinician psychologist, and specialized educator:

You are kindly requested to answer this questionnaire. The latter will help us gain insight into the usefulness of institutionalization of children with language developmental delay. The information you provide will contribute to the required fulfilment of a Master dissertation at Mostaganem University

Thank you for your interest and collaboration!

What kind of specialist are you?

- Orthophonist
- Psychotherapist
- Psychologist pedagogue
- Clinician psychologist
- Specialized educator

Please answer the following questions briefly:

1- In your opinion, how is the process of early childhood's language development affected?

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2- What do you think of institutions? Do they offer appropriate healthy growth to children?

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3- As a specialist, how can children who face LDD effectively improving by institutionalization?

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4- In your opinion, do institution evaluate children's language comprehension production and acquisition?

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5- In what ways do institutionalized children differ from non-institutionalized ones?

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6- What do you think of the institutionalized children differ from non-institutionalized impact on children children's mental, sociomental growth and language development?

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7- Regarding the treatments of parents to their children, what remarks can you can add?

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إستبيان للآباء

سيدي / سيدتي

نرجو منكم الإجابة على ها الاستبيان الذي يهدف إلى تشخيص الأسباب والظروف المتعلقة بتأخر الكلام التي يعاني منها ابنكم / ابنتكم . سيتم تحصيل بعض المعلومات على التطور البدني والاجتماعي والسلوكي و العاطفي . كل المعلومات التي تقدمونها ستساعد في انجاز الدراسة المكملة لمتطلبات نيل شهادة الماستر من جامعة مستغانم
شكرا لاهتمامكم ومشاركتكم.

الجزء الأول: بيانات عامة

- (1) عمر الطفل:
- (2) جنس الطفل: ذكر أنثى
- (3) الأسباب المرتبطة بالحالة البيولوجية و المدنية
- مشاكل في السمع
- مشاكل في البصر
- تأخر في الحركة
- مرض مزمن
- تلقي علاج طبي دائم

الجزء الثاني: أجب على الأسئلة التالية

- (1) طفلي عندما تحدث لأول مرة عامين 3 سنوات 4 سنوات 5 سنوات
- (2) من أجل التواصل يستخدم طفلي كلمة بكلمة تراكيب كلمتين حركات جمل قصيرة آلة تواصل
- (3) طفلي يقضي وقته عن طريق مشاهدة التلفاز ألعاب الهاتف اللعب مع الأطفال
- (4) طفلي لديه مخاوف وقلق لا نعم أذكرها:

5) عندما اترك طفلي مع الحاضنات فإن سلوك طفلي يكون :

طبيعي عدواني خائف متفاعل

الجزء الثالث: التطور الاجتماعي

حدد نسبة وتردد إظهار ابنك / ابنتك للسلوكات والمشاعر التالية عن طريق وضع علامة "x" في الخانة المناسبة

أبدا	أحيانا	دائما	السلوك / الشعور
			يواصل طفلي القيام بنشاط واحد كل مرة طفلي يتقبل الحدود و لا يتضايق طفلي يلعب مع أطفال آخرين عندما أخبر طفلي بأن يتوقف عن فعل شيء ما فإنه يتوقف طفلي يفعل ما أطلبه منه طفلي يعزل بسهولة عن الآباء و الحاضنين طفلي يعاني من نوبات غضب طفلي يمل ويبكي بسرعة طفلي يلاحظ مشاعر وردات فعل الآخرين طفلي يسمع الكلام قبل إن يجيب طفلي يحب أن يكون مع أشخاص آخرين

مقابلات مع الأخصائيين

أخصائي أرتوفونيا، معالج نفساني، طبيب نفسي، أخصائي في علم النفس العيادي، وأخصائي في التربية. يرجى منكم الإجابة على هذا الاستبيان الذي سيساعدنا في اكتساب نظرة حول دور الطفولة والمؤسسات المتخصصة في معالجة الأطفال الذين يعانون من تأخير تطور اللغة. كل المعلومات التي تقدمونها ستساعد في انجاز الدراسة المكتملة لمتطلبات نيل شهادة الماستر من جامعة مستغانم. شكرا لاهتمامكم ومشاركتم.

ما هو نوع تخصصك

- أخصائي أرتوفونيا
- معالج نفساني
- طبيب نفسي
- أخصائي في علم النفس العيادي
- أخصائي في التربية

يرجى الإجابة على الأسئلة التالية

- 1) في رأيك كيف تتأثر عملية تنمية اللغة في مرحلة الطفولة المبكرة؟
- 2) ما رأيك بالمؤسسات هل يقدمون نموا صحيا مناسباً للأطفال ؟
- 3) كم تخصص كيف يمكن للاطفال الذين يعانون من تأخر الكلام أن يتحسنو بشكل فعال من خلال إضفاء الطابع المؤسسي؟
- 4) في رأيك هل المؤسسات تقيم فهمهم و تركيبهم و اكتسابهم للغة ؟
- 5) بأي طريقة يختلف أطفال الذين يدخلون المؤسسات الذين لم يدخلونها؟
- 6) ما رأيك في تأثير المؤسسات على نمو الأطفال العاطفي و الاجتماعي والذهني للغة؟
- 7) فيما يتعلق بمعاملات الإباء لابناءهم ماهي الملاحظات التي يمكن إضافتها؟