

# **Best Practices to Support the Mental Health of Students with Communication Disorders**

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Roughly 8% of children between the ages of 3 and 17 years have documented speech and/or language disorders (Black et al., 2015). Speech disorders impact how people produce sounds including articulation, phonology, fluency, and voice. Language disorders impact how people understand and formulate vocabulary, grammar, and pragmatics in both oral and written modalities.

Students with receptive communication challenges may have difficulty understanding what others say to them, while students with expressive challenges may be unsuccessful in communicating in ways that are understandable by others. While communication disorders are sometimes caused by underlying impairments like hearing loss, intellectual disability, or other genetic issues, they often arise without any identifiable underlying or co-occurring issues.

Given how central communication is to one's personhood, cultural identity, and social belonging, students with communication differences and disorders often experience a range of social-emotional effects due to repeated difficulties with understanding and/or being understood.



Research shows that children with a variety of communication disorders experience greater social-emotional issues compared to typically developing peers. For example, children with speech sound disorders are often teased (McLeod et al., 2013), and those who stutter often harbor negative attitudes about communication (Guttormsen et al., 2015). Children with developmental language disorder have smaller peer groups (Chen et al., 2020), and those who are deaf/hard of hearing report lower levels of social competence (Stevenson et al., 2015).



Across the board, children with communication

disorders tend to experience higher levels of anxiety than typically developing peers (Bernard et al., 2022; Lewis et al., 2016; Samson et al., 2020; Theunissen et al., 2012). This poses serious threats to personal well-being, social engagement, and educational/vocational fulfillment.

# **Prevention and Identification Strategies**

There are individual differences in how children with communication disorders cope with communicative adversity. Some may internalize or externalize their frustrations with interpersonal situations (Petersen et al., 2013). Internalizing behaviors may look like reduced participation in class activities, minimal talking, distress during public speaking, difficulty concentrating on communication tasks, and withdrawal during social activities. Students may externalize their frustration through off-task behaviors, refusal to participate, and aggression.

Additionally, students with communication disorders are more likely to be victimized by peers (Hughes, 2014). Bullying prevention strategies for students with disabilities involve fostering peer relationships, helping students develop empathy, creating a buddy system for children with communication challenges, involving students in adaptive communication strategies in the classroom, facilitating team-based learning activities, implementing social-emotional learning activities, and rewarding positive, helpful, inclusive behaviors. If teasing or bullying are observed, teachers and other school personnel should address it immediately (see strategy 5 below).



Students with communication challenges may qualify for school-based special education services by a speech-language pathologist (SLP) if (a) the student is diagnosed with a communication disorder, (b) the communication disorder adversely affects their educational performance, and (c) specialized services are necessary to help the child make progress (IDEA, 2004). Regarding (b) "educational performance," school SLPs take into consideration students' oral participation, social-emotional adjustment/behavior, and reactions of self/peers/teachers/parents to the students' communication patterns (Farquharson & Boldini, 2018). School personnel can talk to the school SLP if a child's communication challenges appear to be interfering with their classroom and social engagement.



## **Intervention Strategies**

Supporting the mental health of students with communication disorders requires a collaborative, ecological approach (Hoff & Unger, 2021). Although research efforts in this area are desperately needed, the following six strategies are offered as a preliminary approach to supporting social-emotional well-being in students with communication challenges. These strategies can be implemented by all school personnel, not just SLPs.

## #1 Educate peers about communication differences.

Facilitate a classroom discussion about communication differences present in the classroom—what they are, what they are not, and how listeners can be helpful communication partners. The topic of the presentation should be created collaboratively, at least with the student(s) with communication differences, but the school SLP and the parent(s) can also be involved. The content should be factual and discuss communication differences in a judgement-free, strengths-based way.



For example, for a student who stutters, it could be helpful to provide facts and dispel myths about stuttering: stuttering sounds like speech repetitions and blocks, that people stutter because that's how their brains are wired for talking not because they're nervous people, and that the most helpful thing listeners can do is wait patiently for the person who stutters to finish their own words. In this example, it would be important not to describe stuttering as "worse" than fluent speech. The goal of this type of presentation is to create an environment where students with communication differences feel safe and valued as communicators, and that environment is created when teachers and peers see the student's communication style as valid—not inferior to mainstream communication patterns (e.g., Weidner et al., 2018).

In addition to collaborating on content, it is important to involve the target student in the presentation in a way that they are comfortable. One student may want to present on the topic themselves or co-present along with the teacher or SLP, while another student may want to be out of the room when the teacher talks about it. The student's wishes and comfort level should always be honored, and they should not be required to do anything they are not comfortable with.

# #2 Share messages of empowerment and representation.

When a student hears messages from adults like "That's not how we talk," "Say that again using your good sounds," or "Your talking has been worse today," this sends the message that the way a student talks is not the "right" way. These messages are often shared with good intentions; adults recognize that communicating in a certain mainstream way can afford people access to certain opportunities. However, students may internalize guilt and shame about how they talk (Gerlach-Houck et al., 2023).





An impactful way to show students that they have allies at school is to use accepting and empowering language when talking about their communication. If someone is unable to understand what the student says, the listener may say something like: "You have such important things to say and I want to make sure I understand" and then help the student problem-solve how to express themselves in a way that they are understood. Get down on the child's level and prompt them to try repeating themselves, using different words that communicate the same idea, or augmenting their verbal message with gestures or writing.

Because communication differences are usually noticed via audio/visual modalities, teachers can include stories in their classroom that involve characters who have communication differences and watch videos of people who speak different dialects. More visible communication differences like using a communication device, signing, or wearing hearing aids/cochlear implants can also be represented in print materials.

#### #3 Increase classroom accessibility.



Teachers and school staff can collaborate with students with communication disorders to personalize their access to educational and social activities. This can happen officially through the student's individualized educational plan (IEP), a 504 plan, or informal discussions with the student (and SLP, if feasible).

Teachers should think creatively and proactively about how to make the classroom a welcoming place that invites students to take communication risks on their own terms. For example, students who have difficulty reading aloud perhaps because of dyslexia, articulation challenges, stuttering, or voice issues that make it difficult to project loudly may work out an alternative plan to practice reading aloud in a setting with less social pressure. For classroom presentations, it could be helpful to increase or remove a time limit for students who need more time to communicate, and to consider how grading criteria for "clarity" or "fluency" disproportionally affect students with communication differences.



#### #4 Embed opportunities to develop resilience.

To support students' emotional resilience, help them build emotional awareness and regulation. Provide opportunities for students to develop an emotional vocabulary through structured activities, role play, book reading, and capitalizing on teachable moments as they arise. Extend their emotional vocabulary so they are better able to identify nuanced feelings and put words to those emotions.

For example, happiness can be relief, excitement, or pride, and sadness can be frustration, disappointment, or guilt. Creating a visual feelings wheel or map can be an accessible way for students to point to how they feel when verbally expressing it may be difficult. When students "name it to tame it" (Siegel, 2010), it grounds them in the present moment when they feel emotionally overwhelmed, and this emotional vocabulary expansion can be especially important for students with vocabulary challenges.

Students can also explore how different emotions feel in their body. Keep in mind that students with language or pragmatic challenges may have difficulty understanding idioms and metaphors. For example, "when I'm excited, I get ants in my pants" may be taken literally, so it would be more helpful to model "when I'm excited, I feel buzzing in my body, and I have a big smile on my face."

Once a foundation of emotional awareness has been established, students can develop their emotional regulation. This may be particularly difficult (and thus important) for students with communication disorders as some findings reveal lower levels of self-regulation in this population (Binns et al., 2019).

Mindfulness activities like body scans and mindful walking can promote cognitive performance, resilience, and stress relief (Zenner et al., 2014). Calming strategies like deep breathing, 5-5-5 (naming five things they see, hear, and feel), leaving the room for a few minutes to reduce sensory overload, or reciting an affirmation (e.g., "I have important ideas to share," "my voice matters") may be useful.





Using tangible materials for experiential self-regulating activities may be particularly helpful for students with language difficulties. For example, students can make a glitter bottle representing their swirling thoughts/feelings as they watch them settle on their own, or they can draw a picture of ocean waves carrying away their difficult thoughts/feelings (Black, 2022; Fang & Ding, 2020).

In the realm of social resilience, students with communication challenges can be supported in recognizing cues when their communication partners are not understanding them and problem-solve ways to self-advocate and get their message across. Students with limited verbal output or low intelligibility may benefit from an alternative or augmentative communication system in the classroom and other social settings. There are low-tech options (e.g., picture boards) and high-tech options (e.g., iPad apps) that the school SLP can help with.

### **#5 Address teasing and bullying.**

Communication disorders are protected disabilities. When bullying is directed at a child because of how they communicate, it is considered "disability harassment" which the school must address under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disability Act of 1990.

#### Support students with communication



differences/disorders by assuring them it is okay to talk with you about bullying and thank them for telling you about bullying when it arises. Listen to them to learn what happened, show you want to help, and assure the student that bullying is not their fault. Help them to develop problem-solving strategies through role play, give advice through age-appropriate discussions, and guide them to seek social support from trusted peers and other adults (Hughes, 2014).

Address bullying behavior by ensuring the student who bullies knows what the problem behavior is, showing them that bullying is taken seriously, taking steps to understand why the child bullies, using consequences to build empathy, and involving the student who bullies in making amends with the student they bullied.



### #6 Support students' parents.

Parents of students with communication disorders want to be listened to, taken seriously, and not blamed for their child's difficulties (Hobson et al., 2022). When teachers meet with these parents, it is important for them to be supportive and work with the parents to understand the student's issues and collaborate to make a plan together. Listen to parents and validate their concerns, even if the child's behavior is different at home than it is at school.



## **Key Implications for Practice**



Students with communication disorders have challenges with speech and/or language, which can impact their oral and written engagement in learning and social environments.



Students with communication challenges are disproportionately affected by round-robin style speaking and oral reading activities, time limits for presentations, and grading rubrics for "clarity" or "fluency."



Students with language disorders may better engage in multi-modal learning activities. Use concrete language, limit the use of idioms/metaphors, and supplement with visuals.



Create an accepting, accommodating environment where all students feel empowered to communicate. Educate peers about communication differences and how to be a helpful communication partner. Help students problem solve communication breakdowns and ways to self-advocate for their communication needs.

# **Related Resources**

- Bullying and Youth with Disabilities and Special Health Needs StopBullying.gov
- <u>Support the Kids Involved</u> StopBullying.gov
- <u>School-Based Language Pathologists: Who We Are and What We Do</u> American Speech-Language-Hearing Association
- <u>Cultural Competence Check-Ins</u> American Speech-Language-Hearing Association



# References

Bernard, R., Hofslundsengen, H., & Frazier Norbury, C. (2022). Anxiety and depression symptoms in children and adolescents who stutter: A systematic review and meta-analysis, Journal of Speech, Language, and Hearing Research, 65(2), 624-644.

Binns, A. V., Hutchinson, L. R., & Cardy, J. O. (2019). The speech-language pathologist's role in supporting the development of self-regulation: A review and tutorial. Journal of Communication Disorders, 78, 1-17.

Black, T. D. (2022). ACT for treating children: The Essential Guide to Acceptance and Commitment Therapy for Kids. New Harbinger Publications.

Black, L. I., Vahratian, A., & Hoffman, H. J. (2015). Communication Disorders and Use of Intervention Services among Children Aged 3-17 Years: United States, 2012. NCHS Data Brief. Number 205. Centers for Disease Control and Prevention.

Chen, J., Justice, L. M., Rhoad-Drogalis, A., Lin, T., & Sawyer, B. (2020). Social networks of children with developmental language disorder in inclusive preschool programs. Child Development, 91(2), 471-487.

Fang, S., & Ding, D. (2020). A meta-analysis of the efficacy of acceptance and commitment therapy for children. Journal of Contextual Behavioral Science, 15. 225-234.

Farguharson, K., & Boldini, L. (2018). Variability in interpreting "educational performance" for children with speech sound disorders. Language, Speech, and Hearing Services in Schools, 49(4), 938-949.

Gerlach-Houck, H., Kubart, K., & Cage, E. (2023). Concealing Stuttering at School:"When You Can't Fix It... the Only Alternative Is to Hide It". Language, Speech, and Hearing Services in Schools, 54(1), 96-113.

Guttormsen, L. S., Kefalianos, E., & Næss, K. A. B. (2015). Communication attitudes in children who stutter: A meta-analytic review. Journal of Fluency Disorders, 46, 1-14.

Hobson, H., Kalsi, M., Cotton, L., Forster, M., & Toseeb, U. (2022). Supporting the mental health of children with speech, language and communication needs: The views and experiences of parents. Autism & Developmental Language Impairments, 7, 23969415221101137.

Hoff, S. E., & Unger, J. P. (2021). Ecological intervention for stuttering in school-age children: A collaborative approach for school-based speech-language pathologists and mental health providers. Perspectives of the ASHA Special Interest Groups, 6(3), 676-690.

Hughes, S. (2014). Bullying: What speech-language pathologists should know. Language, Speech, and Hearing Services in Schools, 45(1), 3-13.

Individuals With Disabilities Education Act, 20 U.S.C. § 1400 (2004).

Lewis, B. A., Patton, E., Freebairn, L., Tag, J., Iyengar, S. K., Stein, C. M., & Taylor, H. G. (2016). Psychosocial co-morbidities in adolescents and adults with histories of communication disorders. Journal of Communication Disorders, 61, 60-70.

McLeod, S., Daniel, G., & Barr, J. (2013). "When he's around his brothers... he's not so quiet": The private and public worlds of school-aged children with speech sound disorder. Journal of Communication Disorders, 46(1), 70-83.

Petersen, I. T., Bates, J. E., D'Onofrio, B. M., Coyne, C. A., Lansford, J. E., Dodge, K. A., ... & Van Hulle, C. A. (2013). Language ability predicts the development of behavior problems in children. Journal of Abnormal Psychology, 122(2), 542.

Samson, A. C., van den Bedem, N. P., Dukes, D., & Rieffe, C. (2020). Positive aspects of emotional competence in preventing internalizing symptoms in children with and without developmental language disorder: A longitudinal approach. Journal of Autism and Developmental Disorders, 50, 1159-1171.

Siegel, D. J. (2010). Mindsight: The new science of personal transformation. Bantam.

Stevenson, J., Kreppner, J., Pimperton, H., Worsfold, S., & Kennedy, C. (2015). Emotional and behavioral difficulties in children and adolescents with hearing impairment: A systematic review and meta-analysis. European Child & Adolescent Psychiatry, 24(5), 477-496.

Theunissen, S. C., Rieffe, C., Kouwenberg, M., De Raeve, L., Soede, W., Briaire, J. J., & Frijns, J. H. (2012). Anxiety in children with hearing aids or cochlear implants compared to normally hearing controls. The Laryngoscope, 122(3), 654-659.

Weidner, M. E., St. Louis, K. O., & Glover, H. L. (2018). Changing nonstuttering preschool children's stuttering attitudes. American Journal of Speech-Language Pathology, 27(4), 1445-1457.

Zenner, C., Herrnleben-Kurz, S., & Walach, H. (2014). Mindfulness-based interventions in schools-a systematic review and meta-analysis. Frontiers in Psychology, 5, 603.

