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Special Considerations for Speech and Language Development for the Child Who is Adopted Internationally

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Approximately 20,000 children were adopted by families in the United States from other countries in 2006. Some of these children have congenital anomalies, such as cleft lip and palate, although the proportion of children with cleft conditions is not reported by the US Department of Statistics on Intercountry Adoption.

Children who are adopted internationally may be at increased risk for delayed or disordered speech and language development.

Any child adopted internationally may be at risk for delays in development related to their primary environment and medical complications. These children are expected to acquire the language of their adoptive family. The adoptive parents, pediatricians, and other professionals have questions about how speech and language are expected to develop. We summarize the literature in speech and language acquisition among children adopted internationally in order to aid members of cleft palate and craniofacial teams in addressing speech and language concerns when they evaluate a child who was adopted internationally.

Speech and Language Considerations

Most children adopted into the US from other countries start to acquire the new language when they meet their new family and this often co-occurs with a dramatic decline in exposure to the child's native language. Therefore, these children are not considered "bilingual," rather; the term *arrested language development* is used to describe the abrupt change in the child's primary daily language.[1]

Testing the child's language skills in their native language will likely yield an invalid assessment of the child's underlying language skills because the child has often stopped hearing and using her native language. Assessment procedures that have been standardized for use among native English speaking children also present a significant disadvantage. Risks of misinterpretation include overlooking an underlying language problem or providing unnecessary speech-language therapy. Finding a method to evaluate a child's language skills is crucial to differentiate children who need intervention from those developing as expected.

Assessment should be tailored to the child's needs, and the rate of acquisition of speech and language over the first 12 months after adoption should be monitored.

Recommendations for Speech and Language Evaluation

Background information about the grammatical, phonetic, prosodic, and pragmatic structures of the child's native language should be obtained in order to identify possible relationships between the phonetic structure of the first language and what appear to be articulatory "errors" (e.g., /r/ for /l/). A child may continue to apply the prosody or nasality typical of his first language to the new language; this may not represent

[1] Schiff-Myers, N.B. (1992). Considering arrested language development and language loss in the assessment of second language learners. *Language, Speech, and Hearing Services in Schools.* 23, 28-33.

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mislearning or structural limitation.

A *parent interview* can yield information about the child's language skills before adoption and the parent's observations about language acquisition after adoption. Sequential administration of a parent-report inventory such as the MacArthur-Bates Communicative Development Inventory (MCDI) provides a child-specific baseline and information regarding the acquisition of language skills over time. Age at adoption also plays a significant role. Glennen[2] found that children adopted between 13 and 18 months of age could be expected to have a 50 word vocabulary by age 24 months; those adopted between 19 and 24 months had a 50 word vocabulary by age 28 months. Children adopted between 25 to 30 months of age typically demonstrated a 50 word vocabulary by 31 months.

If *standardized tests* are used, the results should be interpreted with caution. We have observed that some children who are adopted in the pre-school years have "gaps" in their knowledge of English that surface when standardized assessment tools are applied. These gaps may artificially reduce a child's test score without reflecting a true receptive or expressive language delay or disorder. While the scores are of questionable value, these tools can be used to identify gaps in the child's knowledge of language concepts.

Many typical assessment protocols are inappropriate for children who have experienced arrested language development.

Non-standardized measures such as sequential language samples allow the clinician to analyze mean length of utterance, the child's use of grammatical morphemes, phonetic inventory, and percent consonants correct. These measures provide a baseline assessment and can be repeated at various intervals.

Deciding about Treatment

An evaluation of a child's speech and language skills that is conducted within the first 3 to 6 months after adoption is likely to be inconclusive. If so, re-assessment at 3 month intervals is indicated, until the trajectory for speech and language acquisition is established.

If speech or language therapy is considered, the decision should take into account the child's speech intelligibility relative to their age, level of concern on the part of the child or family, proximity to entering formal schooling and other health risk factors such as hearing loss or anatomical defects requiring imminent surgery.

Resources

American Academy of Pediatrics. Committee on Early Childhood, Adoption & Dependent Care. (1991). Initial medical evaluation of an adoped child. *Pediatrics*. 88(3):642-645

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Harvard University Study of Language Development in Internationally Adopted Children. http://www.wjh.harvard.edu/~lds/adoption/. Accessed 9/30/08.

VanDyke, D., & Canady, J. (1995). Management of the adopted child in the craniofacial clinic. *The Journal of Craniofacial Surgery*, 6, 143-146.

For further information on cleft lip and palate, or for a referral to a cleft palate/craniofacial team, please contact:

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[2] Glennen, S. (2005). New arrivals: Speech and language assessment for internationally adopted infants and toddlers within the first months home. *Seminars in Speech and Language, 26, 10-21.*