

# ADOPTION ADVOCATE

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## Language Acquisition, Speech Delays, and Communication Challenges in Children Following an Adoption

BY RYAN HANLON AND EMMA WISE

**T**his article is designed for families who have adopted or are preparing to adopt. Speech delays and communication challenges are among the most common issues that families encounter following an adoptive placement.

The capacity to communicate effectively through language with our fellow human beings is one of our distinguishing characteristics as a species. How and when a child learns to use language impacts multiple other areas including social development and educational progress. Command of one's language allows for the ability to critically communicate, observe, and interact with people. Better communication, higher literacy, and greater social understanding and interactions are impacted by when and how a child learns to use language. However, many situations leave children delayed in their language development, especially in cases of intercountry adoption and foster care, in which their early exposure to appropriate language development opportunities may be limited, neglect and trauma may have impaired language development, and/or speech delays may be unrecognized or unaddressed.



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The prevalence of speech and language delays in children placed for adoption from foster care or through intercountry adoption are so common that parents ought to expect that their child will have a communication-related delay.<sup>1,2,3</sup> Preparing for this challenge will position parents to better meet their child's language needs and encourage catch-up growth and development.

## Speech Delays, Language Delays, and Communication Disorders

There is not an adoption-specific speech and language disorder ascribed to children who were adopted and have speech and language difficulties. Instead, children placed for adoption are diagnosed and treated using criteria and methods used in the general population. However, separate assessment methods, such as Glennen's guidelines developed for internationally adopted children, are encouraged.<sup>4,5</sup> Having a basic understanding of common speech, language, and other communication disorders can help prepare parents to better evaluate their child and know when it is time to seek professional services.

It can be helpful to distinguish what we mean by speech delays and language delays. Language is a broader category than speech, encompassing both the reception and expression of information. Speech is a narrower category focused on how language is articulated.<sup>6</sup> A child with a speech delay pronounces words in such a way that it is difficult to understand. A child with a language delay will have difficulty connecting words together in a meaningful way. Children may have both speech and language delays at the same time.

## Common Communication Disorders

### Auditory Processing Disorders (APD)

A child is considered to have an auditory processing disorder when hearing problems are resulting from the disconnection between the sound

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<sup>1</sup> Glennen, S. (2002). Language Development and Delay in Internationally Adopted Infants and Toddlers: A Review. *American Journal of Speech-Language Pathology*, 11(4), 333-339.

<sup>2</sup> Amster, B. J. (1999). Speech and language development of young children in the child welfare system. In J. A. Silver, B. J. Amster, & T. Haecker (Eds.), *Young children and foster care: A guide for professionals* (pp. 117-138). Baltimore: Paul H. Brookes Publishing Co.

<sup>3</sup> Silver J, Amster B, Haecker T. *Young Children and Foster Care A Guide for Professionals*. Baltimore: Paul H Brookes Publishing, 1999.

<sup>4</sup> Glennen, S. (2009). Speech and language guidelines for children adopted from abroad at older ages. *Topics in Language Disorders*, 29(1), 50-64. [https://journals.lww.com/topicsinlanguage disorders/Abstract/2009/01000/Speech\\_and\\_Language\\_Guidelines\\_for\\_Children.6.aspx](https://journals.lww.com/topicsinlanguage disorders/Abstract/2009/01000/Speech_and_Language_Guidelines_for_Children.6.aspx)

<sup>5</sup> Glennen, S. (2008). Speech and Language "Mythbusters" for Internationally Adopted Children. *The ASHA Leader* 13(17), 10-13.

<sup>6</sup> Rady Children's Hospital of San Diego (2019). Delayed Speech or Language Development retrieved from <https://www.rchsd.org/health-articles/delayed-speech-or-language-development/>

(especially speech) an ear hears and the brain's understanding of that sound.<sup>7</sup>

### Aphasia of Speech

Language deficits caused by brain damage are a separate disorder, referred to as aphasia. This can be the result of a neurological disease, head injury, tumor, stroke, or other traumatic brain damage.<sup>8</sup> Aphasia is often manifested by not being able to “find the right word” or “retrieve the words” that one desires to use. It is not necessarily an indication of lower intelligence.

### Apraxia of Speech

When an individual has a speech sound disorder resulting from a disconnect between what the brain wants to say and the ability to produce speech in the sequence and sound desired, it is referred to as apraxia of speech; in children this is referred to as childhood apraxia of speech.<sup>9</sup> The parents' experience of apraxia is often that of hearing speech from their child that is difficult to understand or perhaps completely unintelligible.

### Dysarthria

Speech disorders resulting from brain or nerve damage that impacts physical/mechanical aspects of speech are referred to as dysarthria.

There are many other communication disorders, such as stuttering, that are commonplace and are treated with specific, targeted therapy. Categories and sub-categories of communication-related disorders exist to help distinguish between difficulties with expressive language or receptive language, hearing problems, voice problems, etc. Parents are not expected to be experts in all aspects of speech-language pathology, but are encouraged to learn more about the particular challenges their child faces and ways to help meet their child's needs.

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## Research on Speech and Language Delays in Children Who Were Adopted

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While there is considerable research and scholarship on communication disorders and speech therapy practices, there is a need for more research into adoption-specific contexts. Sharon Glennen has led the field of research into speech-language related communication of children who

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<sup>7</sup> American Speech-Language-Hearing Association. Understanding Auditory Processing Disorders in Children. Retrieved from <https://www.asha.org/public/hearing/Understanding-Auditory-Processing-Disorders-in-Children/>

<sup>8</sup> National Institute on Deafness and Other Communication Disorders. Retrieved from <https://www.nidcd.nih.gov/health/aphasia#what>

<sup>9</sup> National Institute on Deafness and Other Communication Disorders. Retrieved from <https://www.nidcd.nih.gov/health/apraxia-speech>

were adopted internationally. Glennen's research includes suggestions for questions to ask pre-adoption, examination of first language attrition, and criteria for diagnosing language disorders and delays in internationally adopted children.<sup>10, 11, 12</sup> When asked about her work, Dr. Glennen said:

*I used to see internationally adopted children who were way behind in language development, yet professionals denied therapy services because the child was “bilingual” and still learning English. The goal of my work is to give parents and professionals tools they can use to determine which children truly need speech and language intervention and which do not. Parents can use these guidelines and seek services if their child isn't meeting these milestones.<sup>13</sup>*

Other researchers have also examined how children who are adopted develop language skills. Some of the relevant findings include:

- Preschool-aged internationally adopted children go through the same process of language development as non-adopted infants, but at a much faster pace.<sup>14</sup>
- Children in post-adoption settings with older siblings showed greater social communication and understanding.<sup>15</sup>
- Receptive vocabulary is learned before expressive vocabulary, and it is normal to see a decline in social and behavioral skills following the adoptive placement, with rapid catch-up following.<sup>16</sup>

Children adopted internationally are at higher risk for language delays due to the impacts of institutional living, attrition of their first language, and often a neglected special medical need. The research done to date on the language development of this population is promising and optimistic, but currently it leaves many questions unanswered and does not address the full range of challenges adoptive parents encounter when trying to help their children.

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<sup>10</sup> Glennen, S. (2002). Language Development and Delay in Internationally Adopted Infants and Toddlers: A Review. *American Journal of Speech-Language Pathology*, 11(4), 333-339. [https://pubs.asha.org/doi/10.1044/1058-0360\(2002/038\)](https://pubs.asha.org/doi/10.1044/1058-0360(2002/038))

<sup>11</sup> Glennen, S. (2009). Speech and language guidelines for children adopted from abroad at older ages. *Topics in Language Disorders*, 29(1), 50-64.

<sup>12</sup> Glennen, S. (2008). Speech and Language “Mythbusters” for Internationally Adopted Children. *The ASHA Leader* 13(17), 10-13.

<sup>13</sup> S. Glennen, personal communication, November 23, 2019.

<sup>14</sup> Snedeker, J., Geren, J., & Shafto, C. L. (2007). Starting over: International adoption as a natural experiment in language development. *Psychological Science*, 18(1), 79-87.

<sup>15</sup> Hwa-Froelich, D. A., Matsuo, H., & Jacobs, K. (2017). False belief performance of children adopted internationally. *American Journal of Speech-Language Pathology*, 26(1), 29-43.

<sup>16</sup> Hwa-Froelich, D. A., & Matsuo, H. (2008). Cross-Cultural Adaptation of Internationally Adopted Chinese Children: Communication and Symbolic Behavior Development. *Communication Disorders Quarterly*, 29(3), 149-165. <https://doi.org/10.1177/1525740108316204>

Additional research is needed to focus on other populations, including children from specific countries, children adopted at an older age, and the intersection of an intercountry adoption and specific medical special needs. Additional research into speech delays and communication disorders following private domestic adoptions and adoptions from foster care would also benefit the community of concerned parents and speech therapy service providers, as well as individuals directly impacted.

## Reasons for Speech Delays

### Social Interaction and Language Acquisition

As language by nature is a social phenomenon, children with fewer social stimuli will often have reduced language acquisition.<sup>17, 18</sup> Many children placed for adoption from foster care or through intercountry adoption have experienced neglect, multiple caregivers, and settings where they have limited language interaction and enrichment. The low ratio of caregivers to children in institutionalized care results in less individual attention for language stimuli.<sup>19</sup> In these situations, although children may be getting late exposure to their target language, if provided intervention before the critical period ends (around early adolescence) children usually catch up to their peers.<sup>20</sup>

### Physical and Medical Conditions

Lack of language stimulation is not the only cause of speech delays. Professor of Pediatrics and co-founder of the International Adoption Program at the University of Minnesota, Dr. Dana Johnson, explains that often there may be physiological reasons for a child's delays. "Children placed for adoption from foster care or adopted internationally may have had past medical conditions the parents are unaware

### Special Needs Impacting Speech and Language

Some special medical and developmental needs can have a significant impact leading to delays, impairments, or an inability to experience typical language acquisition and speech development. Although not a complete list, the following conditions and medical special needs are known to impact speech and language:

- Auditory processing disorder
- Autism spectrum disorder (ASD)
- Cerebral palsy
- Cleft lip, cleft palate, and other craniofacial conditions
- Cognitive impairments
- Deafness or hard of hearing
- Down syndrome
- Learning disabilities
- Muscular dystrophy
- Sensory processing disorder

<sup>17</sup> Morgan, A. R., Bellucci, C. C., Coppersmith, J., Linde, S. B., Curtis, A., Albert, M., . . . Kapp-Simon, K. (2017). Language development in children with cleft palate with or without cleft lip adopted from non-English-speaking countries. *American Journal of Speech-Language Pathology*, 26(2), 342-354. [https://pubs.asha.org/doi/10.1044/2016\\_AJSLP-16-0030](https://pubs.asha.org/doi/10.1044/2016_AJSLP-16-0030)

<sup>18</sup> Bucholtz, M., & Hall, K. (2004). "Language and identity". In Alessandro Duranti (Ed.) *A companion to linguistic anthropology*.

<sup>19</sup> Glennen, S. (2002). Language development and delay in internationally adopted infants and toddlers: A review. *American Journal of Speech-Language Pathology*, 11(4), 333-339. [https://pubs.asha.org/doi/10.1044/1058-0360\(2002\)038](https://pubs.asha.org/doi/10.1044/1058-0360(2002)038)

<sup>20</sup> Gleitman, L.R., & Newport, E.L. 1995. The invention of language by children: Environmental and biological influences on the acquisition of language. In L.R. Gleitman and M. Liberman (Eds.), *An Invitation to Cognitive Science*, 2nd Ed. Cambridge: MIT Press.

of, such as frequent ear infections or congenital cytomegalovirus (CMV) infection that can impact hearing and language acquisition.”<sup>21</sup> Dr. Johnson notes that other conditions, such as ankyloglossia (also known as “tongue-tied”), low muscle tone in the jaw and mouth, or hearing impairment should all be explored when seeking to understand and treat speech delays.

## Working with a Speech-Language Pathologist

Melissa Carrero, a licensed speech-language pathologist who volunteers with Miriam’s Heart<sup>22</sup> (an adoption support organization in New Jersey) as a member of the professional advisory team, often works with families and children to assess whether a child is in need of additional services. Carrero says, “As parents, we know our children better than anyone else, whether we are birth parents or adoptive parents. I would advise anyone to trust your gut instincts and get your child seen by a professional. It is worth the time to get it checked out. You may be wrong, and that is great news; or if you are right, then you can seek professional help and that is great news as well. The wait and see approach advised to many people in the past is not the best solution.”<sup>23</sup>

If you are unsure if your child’s speech-language delays require professional services, having an initial consultation can be a useful first step. Answers to common questions parents have as they consider working with a speech-language pathologist (SLP) are provided below.

### Q: Where do I find a speech-language pathologist?

A: It is not uncommon that parents want to find a therapist to evaluate or treat their child but do not know where to begin. Your health insurance company may have a list of providers in your network. Many pediatrician offices will also have referrals to service providers in your area. Additionally, your adoption agency and other local adoptive families may offer recommendations. The American Speech-Language-Hearing Association (ASHA) lists private provider professionals across the country who are accepting referrals.<sup>24</sup> If the child is under three years, families are encouraged to have an assessment from their state’s early intervention services.<sup>25</sup>

*“It helps to be a trauma informed therapist as well when working with families who adopt or foster children. The whole process can be traumatic and language development can be affected for any child exposed to trauma. It can impact their language development, comprehension, cognitive development and social skills. All of these things can be addressed when seeking the help of a speech-language pathologist.”*

—Melissa Carrero,  
MS, CCC-SLP<sup>26</sup>

<sup>21</sup> D. Johnson, personal communication, November 7, 2019.

<sup>22</sup> For more information on Miriam’s Heart, see [miriamsheart.org](http://miriamsheart.org)

<sup>23</sup> M. Carrero, personal communication, November 15, 2019.

<sup>24</sup> ASHA ProFind: <https://www.asha.org/findpro/>

<sup>25</sup> Early Intervention Services, retrieved from <https://www.cdc.gov/ncbddd/actearly/parents/states.html>

<sup>26</sup> M. Carrero, personal communication, November 15, 2019.

**Q: What should I be looking for in a speech-language pathologist?**

A: Ideally, you'll find a speech-language pathologist who has experience evaluating and treating adopted children. If that is not the case, a competent therapist will learn about your child's history and account for your child's needs. Having a healthy rapport with a provider, characterized by trust and comfort, can lead to the progress you are working toward. Finally, if you do not see the improvement you realistically expect, it may be that a different therapist can help.

**Q: What should I expect during my first meeting?**

A: The first step of working with a speech-language pathologist is to set up an initial consultation/assessment. Come to your first appointment prepared to provide and discuss background information including your child's history, current speech and language usage, and relevant medical records. During a typical session, you can expect your child to undergo a hearing screening, an oral mechanical exam, and/or complete standardized testing.

**Q: What role do parents have in the therapy process?**

A: Speech-language pathologists report that parental involvement is one of the most important elements in a child's development.<sup>27</sup> Your child's age, development, social skills, and other factors may lead your child's therapist to ask for your involvement during some therapy sessions. Parents will learn how they can reinforce concepts and activities promoting development between sessions.

Not all speech-language delays will result in working primarily with a speech-language pathologist. Some families will be working with audiologists, physical

## Navigating Speech Delays in the School System

One of the primary ways children receive speech therapy is through public schools' provision of speech pathology services. Mandated by the Individuals with Disabilities Education Act (IDEA), schools are required to offer free, appropriate educational services to children with disabilities, including the provision of speech pathology services. In order to best advocate to meet the needs of school-aged children, parents are encouraged to:

1. Meet and talk with your child's teacher about partnering together to meet your child's needs.
2. Understand the school's eligibility criteria for speech-related services.
3. Learn about individual education plans (IEPs) and 504 plans and how these can be used to advocate for your child's needs.
4. Connect with other parents who have utilized speech-related services through your child's school.
5. Track your child's progress and ask the school speech service provider for advice on how you can work with your child at home to continue making progress.

If your school is not providing the services you think your child is entitled to, meet with the child study team and your district/county's special education service staff about your concerns. The better educated you are on your child's right to access services, the more effective advocate you will be.

<sup>27</sup> Furlong, L., Serry, T., Erickson, S. and Morris, M. E. (2018). Processes and challenges in clinical decision-making for children with speech-sound disorders. *International Journal of Language & Communication Disorders*, 53, 1124-1138.

therapists, and other clinicians to help address their child's specific needs. Regardless of which type of providers you seek, the aim should be the same: to find competent providers you feel comfortable working with and who can help your child progress and develop.

## Key Points

- Speech and language delays and challenges are very common among children placed for adoption due to adverse circumstances they experienced prior to their adoption.
- Even children experiencing expected speech and language delays, following time in foster care or an orphanage, often benefit from speech pathology services. Speech and language abilities directly impact other aspects of a child's development.
- If you sense something is wrong with your child's speech or language acquisition, seek a consultation with a speech-language pathologist, even if your pediatrician or social worker thinks it is not necessary at this time.
- Early intervention services may be available to children with developmental delays under the age of three. It may be necessary for parents to thoroughly research and proactively advocate for their child to ensure their child's access to these beneficial services.
- School-aged children may have resources available to them through the public school system. Parents should be educated on IEPs, 504 plans, and the Individuals with Disabilities Education Act of 2004 (IDEA) in order to be equipped to advocate on behalf of their child.
- Therapy with a speech-language pathologist often requires ongoing work for the parents and child to practice between therapy sessions. Parents should be informed and aware of how they can support the work the therapist is directing.
- Most children overcome speech and language delays. The vast majority of children who were adopted and have developmental speech and language delays catch up to their non-adopted peers and have typical speech and communication abilities within a few years of joining their adoptive family.

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## Additional Resources

American Speech-Language-Hearing Association (ASHA)

<https://www.asha.org/>

Early Intervention Services for Young Children in Child Welfare

<https://www.childwelfare.gov/pubPDFs/partc.pdf>

National Institute on Deafness and Other Communication Disorders

<https://www.nidcd.nih.gov/health/voice-speech-and-language>

## ABOUT THE AUTHORS

Ryan Hanlon, PhD, is Vice President at National Council For Adoption with a focus on research, educational projects, advocacy, and member services. In addition to his role at NCFA, he is an adjunct professor of social work at a local university. Prior to working at NCFA, Ryan has experience as an adoption professional, where he worked for a licensed, accredited agency that provided both domestic and intercountry adoption services. Ryan has experience serving as a foster care caseworker as well as with child protective services. Ryan and his wife have four children; their family lives in Virginia.

Emma Wise is a student at the College of William & Mary in Williamsburg, Virginia, and is currently studying linguistics. Emma is passionate about linguistics and especially first language acquisition, as she believes every child should be given the ability to communicate with others through language. Emma plans to attend William & Mary's School of Education to pursue a master's degree in Elementary School Curriculum and Instruction. She is working towards a certificate in ESL and Bilingual Education. Through her work as an intern at the National Council For Adoption in 2019, she gained an appreciation for the environmental, social, and political factors that impact adoption, and learned the importance of child and family advocacy.



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