

Managing Children with Developmental Language Disorder

**Theory and Practice Across
Europe and Beyond**



Edited by James Law, Cristina McKean,
Carol-Anne Murphy and Elin Thordardottir

PART II

National vignettes

131

Introduction

133

JAMES LAW

Austria

136

Bosnia and Herzegovina

149

Bulgaria

158

Croatia

169

Cyprus

179

Denmark

189

Estonia

203

Finland

215

France

225

Germany

235

Hungary

248

Iceland

261

Ireland

272

Israel

285

Italy

295

Latvia

302

Lebanon

310

Lithuania

318

Macedonia

325

Malta

332

The Netherlands

339

Norway

351

Poland

363

Portugal

374

Romania

387

The Russian Federation

398

Serbia

408

Slovakia

420

Slovenia

431

South Africa

441

Spain

451

Sweden

460

Switzerland

472

Turkey

485

The United Kingdom

497

The Russian Federation

Ekaterina Tomas, Daniil Sevan and
Yulia Shamaeva

History of language impairment/developmental language disorder in Russia

The first specialized schools for atypical populations of children in the Russian Federation were established in the early nineteenth century under the guidance of the Empress consort Maria Feodorovna, who was appointed the chief inspector of public orphanages in 1797. These first public educational institutions were the School for Deaf and Mute Children (1806) and the School for Blind Children (1807). Since then, the number of charitable institutions and public organizations has been steadily increasing, reaching a total of 6,500 institutions providing social support for disadvantaged children, including those with disabilities and developmental impairments, by the end of the nineteenth century.

Systematic research into speech and language problems and remediation practices started developing from the late 1820s (Bezlyudova, 1993). However, except for a few original and innovative works, like Laguzen's early investigation on stuttering (1838), the majority of speech and language pathology (SLP) literature until the early 1900s has been translations from other languages. Things started to change dramatically for the field during the Soviet times, when researchers began approaching the problem of typical development and functioning from a cross-disciplinary perspective, bridging the fields of psychology, linguistics and neurophysiology. Since that time, the field has remained a multi-disciplinary brain science, focusing on the interconnections between language acquisition and higher cognitive processes, as well as the ability to use language for communication. The terms 'inner speech' (Luria, 1962, 1966b; Vygotsky, 1934) and 'inner speech' (Luria, 1962, 1966b; Vygotsky, 1934) have been used to describe the internalized speech process.

The terms 'language impairment' (LI) and 'developmental language disorder' (DLD) generally accepted in the European literature are

the Russian tradition of SLP. The LI research in Russia has been developing as two distinct approaches. The first one is known as the 'clinical approach', which stemmed from clinical studies, where LI is considered as a pathological condition with its characteristic symptoms, etiology and pathogenesis (Belova-David, 1969; Kirichenko, 1977; Kovalev & Kirichenko, 1970; Mnuukhin, 1948; Traugott, 1940; Traugott & Kajdanova, 1975; see also for a review Kornev, 2005). Similarly to early research of patients with aphasia (Luria, 1962, 1966a), this approach puts much emphasis on the brain dysfunctions, which are believed to underlie LI in children. Therefore, the clinical framework recognizes two main types of LI, known as 'alalia' (the terms 'developmental dysphasia' and 'early child aphasia' are also occasionally used). These types of alalia are identified, depending on whether the underdevelopment of cortical structures is believed to be around Broca's area ('motor alalia') or Wernicke's area ('sensory alalia') (Kovshikov, 1983; Seliverstov, 1997; Sobotovich, 1983). In the World Health classification of diseases ICD-10 (World Health Organization, 1992) these two subtypes of alalia are most closely associated with the receptive language disorder (F80.1) and expressive language disorder (F80.2).

The significance of neuroanatomy is apparent even in the definition of the term alalia, which is a systematic underdevelopment of speech, the impairment of the speech and language functional system resulting from the dysfunction of the speech motor and auditory analysers/centres (Lalaeva & Shakhovskaya, 2011). However, the vast majority of clinical cases reporting on children with general LI could not fit into the two categories of motor and sensory alalia. Although some attempts have been made to further develop the terminology for different subtypes of alalia (Orfinskaya, 1963), they have not been widely accepted, and at present the classification remains close to its original form. This is probably partly due to lack of behavioural and neurophysiological empirical data. Specifically, the absence of standardized language assessments with sufficient specificity and sensitivity complicates the process of identifying different language profiles among children with 'alalia' using behavioural methods. At the same time, the primary neurophysiological abnormalities that are believed to underlie these children's language deficits, cannot be reliably identified on a brain scan or in a recording of the brain electrical activity, except in the most clinical cases. In addition, since the majority of speech therapists are certified educators (i.e. not medical doctors), they are not officially qualified to diagnose these children with alalia, which is a medical term.

For these reasons, a second, new approach has been proposed for the study of these problems, known as the 'psycho-pedagogical framework' (Levina, 1951; Tumanova & Filicheva, 2017), which is based on the research and currently dominates the field. This approach is supported by the work of Tumanova & Filicheva, 2017; Tumanova & Chirkina, 1989; Nikashina, 1985; and others.

- Sobotovich, E.F. (1983). *Psihologo-pedagogicheskiye osnovy korrektsii narushenij formirovaniya grammaticheskogo stroja rechi u detej* [Psychological and pedagogical foundations of remediation of grammatical speech impairments in children]. PhD Thesis. Kiev.
- Spirova, L.F. (1980). *Osobennosti rechevogo razvitiya uchashihya s tyazhyolymi narusheniyami rechi* [Patterns of speech development in pupils with severe speech deficits]. Moscow: Pedagogika.
- Traugott, N.N. (1940). K voprosu ob organizatsii i metodike rechevoy raboty s motornymi alalikami [Towards speech therapy organization and methodology for patients with motor alalia]. In M.P. Shklovskij (ed.), *Rasstrojstva rechi v detskom vozraste* (vol. 4). Petrozavodsk: n. pub., pp. 70–103.
- Traugott, N.N. & Kajdanova, S.I. (1975). *Narusheniya sluha pri sensornoj alalii i afazii* [Hearing impairments in children with sensory alalia and aphasia]. Leningrad: Nauka, Leningradskoje otdelenije.
- Tumanova, T. & Filicheva, T. (2017). Russian scientific trends on specific language impairment in childhood. In *Advances in Speech-language Pathology*. InTech. <https://doi.org/10.5772/intechopen.69932>
- Vygotsky, L.S. (1934). *Myshlenije i rech'* [Thought and language]. Moscow-Leningrad: Sotsekgiz.
- World Health Organization. (1992). *The ICD-10 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines*. Geneva: World Health Organization. Retrieved from www.who.int/iris/handle/10665/37958.
- Zotova, F.R. & Chuhno, P.V. (2007). Using game exercises based on basketball with elements of fit-ball gymnastics for physical development and motor dysfunction correction of speech underdevelopment students. *Pedagogiko-Psihologicheskiye i Medico-Biologicheskiye Problemy Fizicheskoy Kultury i Sporta*, 4(3), 309–316.