Explorations of Language in Autism
Q&A Follow-up

The following questions are adapted from those submitted during the Explorations of Language in Autism webinar featuring Helen Tager-Flusberg, Ph.D. Attendee questions were provided to Dr. Tager-Flusberg following the webinar.

DEFINING LANGUAGE

1. What is language? What is the definition of verbal versus non-verbal?

Language is a system of conventional symbols – words, rules for how they are composed, and how they are combined – that are used and understood by a shared community. Languages can be spoken, signed, and written.

The term verbal is generally used to refer to using spoken language. Effective communication extends to non-verbal/non-linguistic means of expression including gesture, facial expressions, and body language. Non-verbal is also a term that refers to people who do not communicate via spoken language.

2. Can a person have language and be unable to speak?

Yes – given the definition of language, people who communicate via sign or written language, or even using symbols on communication boards have language.

3. Can a person be intellectually disabled and talkative?

Yes – many people with intellectual disabilities are quite talkative. A striking example is people with Williams syndrome who are very interested in people and love to strike up conversations, even with strangers. Williams syndrome is genetic disorder (7q11.23del).

LANGUAGE IN AUTISM

4. How is apraxia related to speech acquisition?

Apraxia affects the ability to articulate – it refers to the difficulty in planning the speech movements needed to articulate words.

5. Can you describe apraxia in minimally verbal children?
Not all minimally verbal children with autism have childhood apraxia of speech. Those who do, as far as we know, share the same difficulties as non-autistic children with childhood apraxia of speech.

6. Is there an explanation for language regression? Is regression likely to occur more than once for a single person?

Language regression is seen in some children with autism, usually during the second year of life as autism symptoms develop. It is now viewed as part of a larger ‘regression’ in social communication skills – reductions in eye contact and social smiling. Some consider this loss of former social communication skills as the hallmark of autism. Language loss is seen in children who have been acquiring language very early.

7. Have you seen children with language impairments, whether minimal or severe, grow to have minimal or no impairments? Does language acquisition cease at a certain point, or can minimally verbal autistic adults continue to acquire language skills throughout their lives?

Children with very limited expressive language during the toddler and early preschool years can make significant progress. Usually, however, beyond the age of 7, language development proceeds far more slowly. But, as with non-autistic people, learning new words continues throughout the lifespan if given the opportunity.

DIAGNOSIS, TESTING, AND TREATMENT

8. Can limited language in autistic children result in incorrect diagnosis?

A diagnosis of autism does not depend on language.

9. Are there any cognitive tests for language that are not motor based?

Receptive language can be assessed using eye gaze or even brain responses.

10. What type of care providers can help target treatment and therapy for limitedly verbal children?

Speech language therapists are best qualified to provide effective language interventions – from speech to augmentative and alternative communication (AAC).

11. Are any eye-tracking assessment tools available to teachers or parents, or can they only be used in a controlled environment?
There are no commercially available eye-tracking assessment tools at this time.

**RESEARCH DISCOVERIES**

12. Through your research, were you able to determine if handedness had an impact on where or how language is processed?

In one study using functional magnetic resonance imaging (fMRI) to investigate language processing, we compared adolescents with and without autism who were either right-hand dominant or not (left, mixed handed). We only had a small group of participants, but the findings suggested that especially for the autistic adolescents, non-right handedness was associated with less left hemisphere activation, and more bilateral activation. This suggests that both autism and handedness were somewhat associated with less typical brain processing of language.


13. Is there currently any research related to young children with autism and a hyperlexia comorbidity in speech and language development?

There have been studies on hyperlexia in children with autism. See the following systematic review published in 2017.