

Therapeutic Interventions for Expressive Language Disorders in Early Childhood: A Qualitative Case Study

M. Fakhry Asa Fazary

Magister Ilmu Kesehatan Masyarakat/Universitas Jember
212520102012@mail.unej.ac.id

Sugiyanta

Pendidikan Dokter/Universitas Jember
sugiyanta97.fk@unej.ac.id

Viera Wardhani

Manajemen Rumah Sakit dan Kesehatan Masyarakat/Universitas Brawijaya
Malang
viera_w.fk@ub.ac.id

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Abstract

This study examines therapeutic interventions for expressive language disorders in early childhood through a qualitative case study approach. Using an indigenous psychology perspective, data were collected through observations, semi-structured interviews, and document analysis over a two-month period at a psychology and therapy institution. The findings indicate that behavior-based therapeutic interventions, when flexibly adapted to children's developmental characteristics and contextual conditions, effectively support expressive language development. Differences in age and communicative readiness influenced therapeutic strategies and child responsiveness. The study also highlights the importance of parent-therapist collaboration in creating supportive communicative environments, particularly in contexts with limited parent-child verbal interaction. Although limited in scope, this study provides context-sensitive insights into therapeutic practices for expressive language disorders and contributes to a deeper understanding of early language intervention in early childhood education and therapy settings.

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INTRODUCTION

Early childhood represents a critical period of rapid growth and development, often described as a foundational stage for later cognitive, social, and emotional functioning ([Likhar et al., 2022](#); [Luby, 2020](#)). During this phase, substantial neurological development occurs, making early experiences and stimulation from parents, educators, and caregivers particularly influential ([Alpuğan, 2024](#)). Developmental theorists have long emphasized that experiences in early childhood can shape developmental trajectories across the lifespan ([Hurlock, 1978](#)). Among the various domains of development, communication plays a central role, as it underpins children's ability to interact with others, regulate emotions, and participate in learning activities ([Jewson & Skinner, 2023](#)). Language development, therefore, becomes a key indicator of early developmental progress and an essential foundation for later academic and social competence ([Adlof & Hogan, 2019](#); [Johnson & White, 2020](#)).

Language development constitutes a central component of early childhood development, as it enables children to express thoughts, emotions, and needs effectively. However, not all children achieve age-appropriate language development. Some experience expressive language disorders, characterized by persistent difficulties in producing spoken language, including limited vocabulary, impaired sentence construction, and challenges in conveying meaning verbally ([Ma'sum, 2025](#)). Children with expressive language disorders often exhibit reduced confidence in their communication ([Ingrid et al., 2024](#)), which can impact their social interactions and participation in learning activities. Empirical studies have shown that untreated expressive language difficulties in early childhood can have long-term implications for academic achievement, social competence, and emotional well-being ([Dale et al., 2022](#); [Rizkiani et al., 2022](#); [Yus & Saragih, 2023](#)). These developmental risks underscore the importance of early identification and targeted intervention to support optimal language development during the early years.

Preliminary observations conducted over approximately three months during fieldwork at a psychology and therapy institution in Sidoarjo revealed that several young children exhibited persistent difficulties in expressive communication during learning and interaction activities. Common challenges included limited verbal expression, difficulty asking or answering questions, and reluctance to initiate communication. These patterns are consistent with previous findings which indicate that children with expressive language disorders often demonstrate restricted vocabulary use ([Auza-Benavides et al., 2024](#)), unclear sentence structures ([Rosmala et al., 2021](#)), and limited ability to retell experiences or events ([Kurnia, 2020](#)). Such communication difficulties not only constrain children's expressive abilities but also hinder their engagement in social interaction and learning processes. These field-based observations highlight the practical challenges faced by therapists and caregivers in supporting language development, emphasizing the need for structured and context-sensitive therapeutic interventions in early childhood.

Despite the recognized importance of early intervention, several challenges continue to impede effective treatment for expressive language disorders in

early childhood. These challenges include limited understanding among parents and educators regarding the characteristics of expressive language disorders ([Ash et al., 2020](#)), restricted access to speech and language therapy services ([Harding et al., 2024](#)), and shortages of trained professionals. Field observations further suggest that certain parenting practices—often driven by time constraints and caregiving demands—may unintentionally reduce opportunities for children to initiate verbal communication, as adults frequently anticipate and fulfill children’s needs without encouraging verbal expression ([Baggerly, 2017](#)). Such conditions highlight the complexity of addressing expressive language disorders in everyday contexts and underscore the need for structured, professionally guided therapeutic interventions that involve both therapists and parents.

Although previous studies have examined expressive language disorders in early childhood, there remains limited empirical documentation of how therapeutic interventions are implemented and adapted within real-life clinical settings, particularly from a qualitative and context-sensitive perspective. Existing research often focuses on diagnostic characteristics or outcomes, while offering less insight into the therapeutic processes, strategies, and interactions that shape children’s language development in practice. This gap is especially evident in studies that examine the collaborative roles of therapists and parents in early intervention contexts. Addressing this gap is essential for developing a more comprehensive understanding of effective therapeutic practices for expressive language disorders in early childhood.

This study aims to examine therapeutic interventions for expressive language disorders in early childhood through a qualitative case study approach. Specifically, the study explores the strategies employed by therapists, the responses of young children during intervention, and the collaborative role of parents in supporting language development. By providing an in-depth and context-sensitive analysis of therapeutic practices, this study seeks to contribute practical insights for early intervention in expressive language disorders and inform more responsive approaches in early childhood education and therapy settings.

METHOD

This study employed a qualitative case study design, drawing on an indigenous psychology approach, to explore therapeutic interventions for expressive language disorders in early childhood. The indigenous psychology perspective was employed to understand psychological phenomena, symptoms, and therapeutic processes based on the child’s lived experiences and contextual realities, without imposing external cultural assumptions.

The cases involved two young children diagnosed with expressive language disorders, both of whom came from family backgrounds characterized by limited parent–child verbal interaction due to parental work commitments. Participants also included the children’s parents, therapists, and a supervising psychologist at a psychology and therapy institution in Sidoarjo, East Java, Indonesia.

Data were collected over approximately two months through systematic observations of therapy sessions and semi-structured interviews with therapists, parents, and the psychologist. Relevant documents, including assessment reports and therapy notes, were also reviewed.

Data analysis was conducted using qualitative content analysis, supported by probing techniques to deepen and clarify emerging meanings. Content analysis, supported by probing techniques, enabled a systematic yet flexible examination of therapeutic interactions and child responses, allowing for a deeper interpretation of emerging meanings within each case. The analysis focused on intervention strategies, child responses, and patterns of parent-therapist collaboration. Data credibility was enhanced through source triangulation across observations, interviews, and documentation.

This methodological approach was selected to enable an in-depth, context-sensitive understanding of therapeutic interventions and expressive language development in early childhood.

RESULT

The treatment provided by therapists under the supervision of psychologists to young children with expressive language disorders (ELD) is in accordance with the material presented earlier, so that I can also use the facilities or therapeutic media that have been provided and are indeed used for young children with expressive language disorders. However, not all of these therapeutic media can be used for every child; rather, they must be appropriate for the child's age.

The institution, located in one of the areas of Sidoarjo, treats two children with expressive language disorders who are of different ages, namely three and four years old. The three-year-old client has not yet entered the preschool stage, so the therapeutic approach relies on educational games, such as building blocks, matching block shapes, role-playing (cooking), and puzzles, to stimulate both language and cognitive abilities simultaneously. Additionally, the client is given external oral stimulation by placing a small amount of food near the mouth, allowing the client to open their mouth to find the food.

Why is this? The client does not open his mouth, so when he wants something, he cannot express it. Even when he cries, he does not make a sound, only clenching his hands and placing them over his eyes. It turns out that with this stimulation, the client can open his mouth but has not yet made a sound. So, after the first successful treatment, we continued with teaching him to say "A." This treatment took a long time to complete until we finished our internship. However, the client's progress was very rapid. Additionally, he often isolates himself and ignores his surroundings. Even with new people, he cries and refuses to be approached. The therapist tried various methods to maintain his willingness to engage, and eventually, he became more comfortable.

Meanwhile, the four-year-old client is already in the pre-school phase, so the material provided is in line with school standards. This includes learning numbers through counting, recognizing colors, associating cards, and many other skills. What makes this client unique is that he is highly intelligent and

has a vivid imagination, which he expresses through his drawings. His main hobby is drawing cars. He also enjoys watching fans and likes to see them spin. Because of his many unique qualities, it is easier to teach him material without spending too much time.

From several problems in these two children, according to indicators of early childhood expressive language disorders, including: a) Dialogic communication tends to be more complex than spontaneous communication because it involves interaction between two or more parties, which requires skills in understanding, responding, and maintaining the flow of conversation effectively. b) Impaired speech fluency caused by difficulties in accessing vocabulary from memory and difficulties in organizing elements into a coherent narrative. c) Difficulties in constructing sentence structures and forming words in accordance with applicable language rules. d) Demonstrating an unwillingness to speak, resulting in a lack of effort to communicate verbally. When wanting to communicate, they tend to use gestures such as pointing, pulling other people's hands, or making nonverbal sounds such as "aaaa..." or "uuuhh...". e) Limited vocabulary causes individuals to frequently make mistakes in their use of words.

Treatment of expressive language disorders (ELD)

Based on the results of assessments conducted by psychologists, the expressive language disorders experienced by two subjects, the treatment provided by therapists to young children with expressive language disorders includes: 1) Vocabulary reinforcement, carried out so that subjects can express vocabulary accurately. For example, the word "bunda" (mother) is pronounced as "buna". 2) Stimulating children by recounting meaningful experiences. This is applied to preschool children under the age of three. The aim is to encourage recalling and retelling. Additionally, therapists are permitted to ask subjects to recount meaningful experiences. 3) Cooperation with parents. This is necessary in treating children with expressive language disorders so that parents can understand their child's development. Therefore, therapists and parents must communicate with each other to discuss the child's growth and development. The cooperation that can be carried out between therapists and parents involves therapists providing understanding and knowledge related to expressive language disorders.

Efforts made by parents

From the results of research conducted by researchers on the handling of early childhood with expressive language disorders (GBE) at the Millenia Consulting psychology institute in Sidoarjo, it is considered quite effective; however, its effectiveness sometimes fluctuates due to the varying moods of each child. However, this is very rare. The following is an overview of the development of each subject with expressive language disorders (GBE):

Table 1
Development of Subjects A and B Based on Observation Results

Subject A	Subject B
Name: Ns (Initial Name)	Name: Rd (Initial Name)
Sex: Female	Sex: Male

Age: 3 Years Old	Age: 4 Years Old
Subject A's development:	Subject B Development:
<ol style="list-style-type: none"> 1. The client began to respond by opening their mouth when instructed to repeat the words spoken by the therapist. 2. The client began to demonstrate vocalization skills by making sounds when crying. 3. The client began to demonstrate the ability to understand verbal instructions from the therapist. For example, when given the command "take the grape," the client is able to respond by taking the grape-shaped object available in front of them. 	<p>There are signs of vocalization that reflect feelings of happiness accompanied by the emergence of social smiles as a form of emotional expression.</p> <p>The client responds non-verbally with smiles as a form of interaction with the interlocutor.</p> <p>The client begins to show the ability to imitate various types of sounds as part of the development of their language skills. Previously, the client's speech was chaotic and difficult to understand, but now it is becoming clearer and easier for others to understand.</p> <p>The client is now able to independently identify and name various familiar objects without assistance.</p> <p>Although speech is sometimes still unclear, words are beginning to be pronounced correctly, often accompanied by physical movements, such as bringing both hands together to emphasize or support verbal expression.</p> <p>The client is able to say their name clearly.</p> <p>The client begins to be able to express their desires verbally using simple sentences.</p>

Source: Observation

DISCUSSION

The findings of this study indicate that therapeutic interventions grounded in behavioral therapy principles can effectively support expressive language development in early childhood when adapted to the child's age, developmental stage, and individual characteristics. The two case studies demonstrated distinct therapeutic pathways, reflecting differences in age, communicative readiness, and responsiveness to intervention. For the younger child, therapy emphasizing sensory stimulation, basic vocalization, and structured play facilitated initial verbal engagement and responsiveness. In contrast, the older child benefited from cognitively oriented activities such as symbolic play, drawing, and structured learning tasks, which supported clearer articulation, vocabulary expansion, and sentence formation. These findings suggest that flexible, individualized intervention strategies are critical in addressing expressive language disorders ([Ebbels et al., 2019](#); [Yuniari & Sudarmawan, 2023](#)) and highlight the importance of tailoring therapeutic approaches to each child's developmental profile ([Ramires et al., 2020](#)).

The findings of this study are consistent with previous research, which highlights the effectiveness of behavioral therapy in supporting language

development among children with expressive language disorders. Prior studies have shown that structured reinforcement, repetition, and task analysis can enhance vocabulary acquisition and sentence production in early childhood ([Kurnia, 2020](#)). The present study extends this evidence by demonstrating how such behavioral strategies can be flexibly adapted to different developmental levels within a therapeutic context. Unlike studies that emphasize standardized intervention protocols, the findings underscore the importance of therapist responsiveness to individual child characteristics, including age, cognitive readiness, and communicative motivation. This aligns with research emphasizing individualized and context-sensitive approaches in early language intervention ([Yus & Saragih, 2023](#)), suggesting that therapeutic effectiveness is not solely determined by technique, but by how interventions are enacted in practice ([Shechter, 2024](#); [Smyth et al., 2020](#)).

From an indigenous psychology perspective, the findings highlight the importance of understanding expressive language development within the child's lived context and everyday relational experiences ([Frosch et al., 2019](#); [Ogren & Johnson, 2020](#)). The therapeutic progress observed in both cases was not solely shaped by clinical techniques, but also by the children's interaction patterns, family routines, and communicative environments. Limited parent-child verbal interaction, influenced by parental work demands, emerged as a significant contextual factor affecting children's expressive language development. This finding reinforces the view that psychological phenomena cannot be fully understood when detached from the socio-relational contexts in which they occur ([Barrett, 2022](#); [Reber & Slife, 2021](#)). By foregrounding the child's experiential world, the indigenous psychology approach enables therapeutic interventions to be understood as relational and contextually embedded processes, rather than isolated clinical procedures ([Ciofalo et al., 2022](#)). This perspective helps explain why flexible, individualized interventions were more effective than uniform therapeutic strategies in addressing expressive language disorders in early childhood.

The findings of this study carry important implications for early childhood therapeutic practice. The observed effectiveness of individualized, behavior-based interventions suggests that therapists may benefit from adopting flexible strategies that respond to children's developmental readiness and communicative engagement ([Ciara et al., 2021](#)). Additionally, the findings highlight the significance of parent-therapist collaboration in supporting expressive language development ([Gallagher et al., 2019](#); [Harisandy et al., 2023](#)), particularly in contexts where children experience limited verbal interaction at home. Rather than positioning parents as primary intervention agents, the study underscores the value of guided involvement, where therapists support parents in creating communicative opportunities that align with daily routines. These implications highlight the need for integrative intervention models that combine professional expertise with contextual understanding, thereby supporting more responsive and sustainable early language intervention practices.

CONCLUSION

This study examined therapeutic interventions for expressive language disorders in early childhood through a qualitative case study approach. The

findings demonstrate that behavior-based therapeutic interventions, when flexibly adapted to children’s developmental characteristics and contextual conditions, can effectively support expressive language development. By applying an indigenous psychology perspective, this study emphasizes the importance of understanding language development as a contextually embedded and relational process, rather than solely a clinical outcome.

The study provides qualitative insights into the interactions among therapeutic strategies, child responsiveness, and parent–therapist collaboration in early intervention settings. Although limited in scope, the findings underscore the value of individualized and context-sensitive approaches in addressing expressive language disorders in early childhood. These insights may inform the development of more responsive therapeutic practices and encourage future research that further explores language intervention within diverse early childhood contexts.

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