When a child’s language abilities (the ability to express oneself, understand spoken language, or both) are significantly lower than a child’s intelligence and nonverbal abilities, the child may have a language-based disorder. While all children diagnosed with Autism Spectrum Disorder (ASD) have difficulties associated with communication (for example, pragmatic language difficulties), the degree of language difficulties for some children is beyond what can be explained by ASD alone. In such cases, the child may meet criteria for both ASD and a language-based disorder.

**Why it matters:** Language-based disorders can negatively impact children in their social lives, in academics, and in adaptive functioning. For example, difficulties with language can make it harder for children to interact with their peers. Children use words to negotiate, decide on what to play, converse, build on each other’s stories, or describe games to each other. When a child has both a language-based disorder and ASD, these difficulties can be amplified. Additionally, most academic subjects rely heavily on the use of language for instruction, so learning in all areas of study will likely be affected by a language disorder. Children with language difficulties may also struggle to effectively express themselves in written format or understand word problems in math, as compared to their abilities to perform math calculations. They may have a harder time understanding multi-step directions or explaining a complicated procedure. It may also be harder for children with language disorders to express themselves effectively in emotional situations (for example, when frustrated, disappointed, upset, or in disagreements).

**How it is diagnosed:** A professional at school or in a hospital or outpatient setting tests a child’s expressive language abilities (ability to express or speak words), receptive language abilities (ability to comprehend or understand language), and other abilities. This may be done by someone such as a psychologist,
neuropsychologist, or speech-language pathologist. When children have Expressive Language Disorder, their ability to use words is lower than their comprehension of language and other abilities. When children have Receptive Language Disorder, their ability to understand and comprehend language is at a lower level than their expressive language and other abilities. When children have Mixed Receptive-Expressive Language Disorder, their expressive and receptive language abilities are lower than their nonverbal, spatial, or perceptual reasoning abilities.

*Treatment and accommodations:* Depending on a child’s abilities, a speech-language therapist may work first on a child’s speech (for example, production of words) or target his or her language (for example, the use and understanding of words). This might be done either individually or in a group setting, depending on need. Many children with language-based disorders benefit from classroom instruction that tends to rely on visual or multi-modal supports (for example, pictures or videos for demonstration to go along with concepts).

**Related Articles:**

- [Speech, Language, and Communication](#)
- [Accommodations and Supports for School-Age Students with ASD](#)
- [Elements of an Evaluation for Autism Spectrum Disorder](#)
- [Co-Occurring Conditions or Co-Morbidities](#)

**Additional Resources:**

- [American Speech-Language Hearing Association](#)

The Center for Autism Research and The Children's Hospital of Philadelphia do not endorse or recommend any specific person or organization or form of treatment. The information included within the CAR Autism Roadmap & trade; and CAR Resource Directory & trade; should not be considered medical advice and should serve only as a guide to resources publicly and privately available. Choosing a treatment, course of action, and/or a resource is a personal decision, which should take into account each individual's and family's particular circumstances.