

Pragmatic Communication Challenges in Children with Developmental Language Disorder: A Clinical-Pragmatic Case Study

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ABSTRACT

Developmental Language Disorder (DLD) is a prevalent yet underrecognized neurodevelopmental condition that affects children's expressive and receptive language skills. This study explores pragmatic communication difficulties in children with DLD using a clinical-pragmatic framework to inform assessment and intervention. A qualitative case study was conducted with three children aged 6 to 8 years diagnosed with DLD. Data were gathered through naturalistic observations, semi-structured interviews with caregivers and therapists, and video recordings of classroom and playtime interactions. Analysis followed Cummings' clinical pragmatics model, focusing on speech acts, turn-taking, topic coherence, contextual relevance, and responses to indirect communication. Findings indicate a dominance of directive speech acts, reduced narrative coherence, delayed turn-taking, and limited understanding of indirect speech. Children frequently relied on nonverbal cues such as gestures and prosody to support meaning. The study highlights the need for multimodal interventions that integrate structural language development with pragmatic training. These findings offer implications for clinicians, educators, and researchers in designing ecologically valid, socially responsive interventions for children with DLD.

Keywords: Pragmatics, Challenges, DLD, Clinical, Case Study

INTRODUCTION

More children are affected by Developmental Language Disorder (DLD) than by other neurodevelopmental conditions such as autism spectrum disorder (ASD) and childhood hearing loss. Yet, it remains underrepresented in research and public awareness (Ahufinger *et al.*, 2021; Bishop *et al.*, 2017). Formerly referred to as Specific Language Impairment

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(SLI), the term was replaced by *DLD* following the CATALISE consortium's recommendations to reflect broader diagnostic criteria: DLD can occur with or without identifiable risk factors, It may co-occur with other neurodevelopmental disorders such as ADHD, The diagnosis does not require separation between linguistic and non-verbal abilities (Bishop *et al.*, 2017).

According to the DSM-5, both ADHD and DLD are neurodevelopmental disorders associated with emotional, behavioral, and cognitive challenges (American Psychiatric Association, 2013). Children with DLD often face difficulties in expressing thoughts and feelings verbally. Even when receptive language skills are intact, they may struggle to organize utterances coherently, impacting both expressive and receptive communication (Ahufinger *et al.*, 2021) ; Sansavini *et al.*, 2021). These challenges affect multiple language domains particularly morphosyntax, but also semantics and pragmatics (Moscati *et al.*, 2020).

DLD is primarily characterized by structural language impairments, although its implications also extend to pragmatic language use, or how language functions in real-world interactions. Children with DLD frequently: fail to maintain conversational topics; struggle to interpret indirect meaning, and respond inappropriately to contextual cues. Such pragmatic failures may hinder social engagement and academic participation, contributing to social withdrawal and emotional frustration. Empirical studies confirm that children with DLD show significant impairments in expressive, receptive, and pragmatic domains (Hawkins *et al.*, 2016; Korrel *et al.*, 2017). Moreover, DLD often co-occurs with ADHD (Redmond, 2016) although the nature of language difficulties in each condition may differ. For instance, children with DLD tend to struggle more with semantic and morphosyntactic processing, while those with ADHD more frequently show pragmatic deficits (Paredes-Cartes & Moreno-García, 2021). showed significant differences in the semantic and pragmatic aspects of language between children with DLD and ADHD. However, some studies find similar pragmatic difficulties across both groups (Helland *et al.*, 2014). Deficits in working memory, processing speed, and executive function also contribute to DLD-related challenges in pragmatic language (Méndez-Freije *et al.*, 2024; Kaganovich *et al.*, 2021)

Interventions often focus on vocabulary and structural language (e.g., syntax, morphology), although the integration of expressive and pragmatic impairments remains understudied. Therapeutic models still tend to separate expressive language therapy and social communication training, ignoring how both functions simultaneously in daily communication. As a result, children's struggles in maintaining topic relevance, interpreting indirect speech, or managing conversational turn-taking often go unaddressed in early clinical settings (Cummings, 2007). Moreover, standardized assessments fail to adequately capture real-world

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communication abilities particularly in pragmatic contexts that rely heavily on social cues (Staikova *et al.*, 2013).

This is especially crucial in narrative skills, where coherence, emotion inference, and event sequencing require both structural language and social-emotional understanding (Zenaro *et al.*, 2019; Scholarsarchive & Asai, 2017). Other compounding factors include: Gender differences, with boys more prone to DLD (Adani & Cepanec, 2019), Developmental timing, where gestational age and age at school entry influence language acquisition (Vermeij *et al.*, 2023), Long-term persistence of structural deficits into adulthood, albeit with individual variation in outcomes in various measures of language skills (Botting, 2020 ; Conti-Ramsden *et al.*, 2018).

Despite growing awareness, few longitudinal or comparative studies explicitly examine pragmatic and narrative skills across developmental ages in DLD. The growing recognition of pragmatic challenges in DLD underscores the need for clinical frameworks that integrate expressive and pragmatic language dimensions. However, the literature still lacks comprehensive profiling of language use in DLD from this perspective.

Based on this, the research question posed is: what is the language use profile of children with Developmental Language Disorder (DLD) from the perspective of clinical pragmatics, especially in terms of types of speech acts, conversational coherence, turn-taking, context relevance, and responses to indirect intentions? Understanding this profile is crucial for: Designing contextualized intervention strategies that align with real-life communication scenarios, Enhancing diagnostic accuracy and individualized support, Informing future research directions that bridge gaps between expressive and pragmatic domains in early childhood clinical practice, Given the heterogeneity of pragmatic disorders, researchers emphasize the importance of developing outcome measurement tools that reflect authentic changes in children's language use (Spieth *et al.*, 2016). A clinically pragmatic lens on DLD provides a promising path for innovation in assessment, intervention, and longitudinal study.

This study contributes to that effort by offering an integrated view of expressive and pragmatic language use in children with DLD potentially leading to more holistic and ecologically valid therapeutic models in educational and clinical environments.

METHOD

This research uses a descriptive qualitative approach with a case study method (Yin, 2018) which aims to reveal in depth the characteristics of expressive language disorders in children in the context of natural social interactions. This method was chosen because it is able to capture the dynamics of communication behavior in an authentic and complex context. The subjects consisted of three children aged 6-8 years who had been diagnosed with Developmental Language Disorder (DLD) by clinical professionals at Rumah Kecil:

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Growth and Play Services in Jember Regency, East Java. The subjects consisted of three children aged 6–8 years who had been diagnosed with Developmental Language Disorder (DLD) by clinical professionals at Rumah Kecil: Growth and Play Services in Jember Regency, East Java. Ethical approval for the study was obtained from the Ethics Committee of Universitas Muhammadiyah Jember. Prior to data collection, written informed consent was obtained from the children's parents or legal guardians, and all procedures adhered to ethical guidelines for research involving minors. To ensure confidentiality, all participants' identities were anonymized and data were securely stored. The subjects were selected using purposive sampling technique, based on clinical considerations and recommendations from speech therapists. The following is a brief profile of the research subject.

Subject A (Partial FI, Female, 6 years 2 months), Subject A is a girl who has been diagnosed with Developmental Language Disorder (DLD) since age 4. She attends kindergarten B and undergoes speech therapy twice a week. In daily interactions, Subject A shows a tendency to use unit sentences with simple structures and limited to direct requests e.g. “*mau minum*” (“I want a drink”), “*ambil itu*” (“Take that”). He often has difficulty maintaining the topic of conversation and tends to remain silent when the interlocutor asks open-ended questions. Although his language comprehension is quite good, his ability to express thoughts in a structured manner is still low. Subject B (Initials An, Male, 7 years and 5 months), Subject B is a grade 1 student of an inclusive elementary school with a history of language development disorder since infancy. He has received speech therapy intervention since the age of 3.5 years. In classroom situations, he is able to understand verbal instructions, but has difficulty in responding to teacher questions in a relevant manner. His speech acts are predominantly directive and repetitive, and he often ignores his turn to speak or interrupts. Subject B showed high interest in visual activities, but his verbal interactions were limited to very familiar contexts. Subject C (Initials Gd, Male, 8 years old), Subject C is a boy with Developmental Language Disorder (DLD) which is also accompanied by mild attention deficit. He is in grade 2 of a regular primary school and receives special support from a support teacher. His speech is often incoherent and changes topic abruptly, even when unprompted. He had difficulty understanding indirect questions and simple metaphors. In observations of play interactions, he rarely responded verbally to peer initiatives, although non-verbally he showed no interest. Data was collected through three main techniques: Naturalistic observation. Conducted in the classroom environment and children's play areas to capture communication patterns in everyday situations without direct intervention (Angrosino, 2007). Semi-structured interview. Involves speech therapists and parents to explore perceptions, experiences and context of the communication development. Video recording of interactions. Recorded verbal interactions between the child and the therapist and peers, as material for transcription and pragmatic analysis.

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Data analysis was conducted qualitatively using the pragmatic framework of Cummings (2015) which includes: (a) Speech act analysis: identification of the types of speech acts used (representative, directive, expressive, etc.); (b) Conversational coherence: assessment of topic continuity and inter-utterance relationships; (c) Turn-taking: analysis of the patterns of speech turns that occur (overlap, pause, dominance); (d) Relevance and context adjustment: the integration of utterances with social and situational contexts; and (e) Response to indirect intent: children's ability to understand and respond to implicature. Data obtained from observations and videos were transcribed verbatim, then analyzed using theory-driven thematic coding. Data validity was strengthened through source triangulation and member checking. The following is a diagram of this research process.

Table 1:
Research Process

Step	Process Component	Description
1	Research Design Selection	Descriptive qualitative research using a case study approach (Yin, 2018) to explore language use in natural contexts
2	Ethics Approval	Approval obtained from the Ethics Committee of Universitas Muhammadiyah Jember
3	Informed Consent	Written informed consent acquired from parents/legal guardians; all ethical procedures adhered to (confidentiality, anonymity)
4	Case Selection	Purposive sampling of 3 children (6–8 years old) diagnosed with DLD by clinical professionals at Rumah Kecil, Jember
5	Context Definition	Natural interaction settings: classrooms, play areas, and

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therapy sessions		
6	Data Collection	a. Naturalistic observation (authentic social settings) b. Semi-structured interviews (parents and therapists) c. Video recording (verbal interaction sessions)
7	Data Transcription	Verbatim transcription of recorded interactions and observational notes.
8	Data Analysis Framework	Clinical Pragmatics (Cummings, 2015): Speech acts, Conversational coherence, Turn-taking, Contextual relevance, Responses to indirect intent
9	Thematic Coding	Theory driven coding of transcripts to extract relevant themes and patterns.
10	Data Validation	Triangulation of observation, interviews, and video data; member checking to confirm interpretation accuracy.
11	Reporting and Interpretation	Synthesis of findings in relation to clinical pragmatics and expressive language impairment in children with DLD.
12	Implications and Recommendations	Drawing conclusions for clinical practice, educational intervention, and further research.

Source: researcher

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FINDINGS AND DISCUSSION

This study reveals the communication characteristics of children with Developmental Language Disorder (DLD) in social interaction based on the analysis of five main aspects of clinical pragmatics, namely speech acts, conversational coherence, turn-taking, contextual relevance, and response to indirect intent.

1. Speech Act Patterns of Children with Developmental Language Disorder (DLD)

Based on the analysis of the transcriptions of children's interactions in the context of class and play, it was found that most of the speech acts used were simple directive e.g. "*man itu*" ("want that") "*ayo main*" ("let's play"), accompanied by a low frequency of use of representative speech acts that expressed information or opinions e.g. "*itu awan*" ("that's a cloud"), expressive speech acts e.g. "*aku suka*" ("I like it"), commissive speech acts e.g. "*Besok aku ikut*" ("tomorrow I'll come"), and declarative speech acts e.g. "*sudah selesai*" ("it's done"). Table 1 presents the distribution of speech act types based on the three subjects.

Table 2:
Distribution of Children's Speech Actions

Subject	Directive (%)	Representative (%)	Expressive (%)	Others (%)
A	60	20	15	5
B	55	25	10	10
C	70	15	10	5

Based on Table 1, it can be concluded that the most dominant type of speech acts used by the three child subjects is directive speech acts. Subject C showed the highest percentage of directive use at 70%, followed by Subject A at 60% and Subject B at 55%. This indicates that children tend to use language to direct, invite, or ask something to their interlocutors in daily interactions, both in class and at play. In contrast, the use of representative speech acts that reflect the delivery of information, opinions, or knowledge tends to be low, which only ranges from 15% to 25% among the three subjects. The low use of representational speech indicates that children still do not use language much to convey ideas elaborately or to participate in informative communication. In addition, expressive speech acts that express

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emotions or attitudes are also low, ranging from 10% to 15%, while other categories only appear in the range of 5% to 10%. These findings overall show that children's communication functions are still very practical and direct, with a dominance on requests or invitations, and are still limited in the use of language as a tool for thinking, narrating, and expressing opinions. This pattern confirms that children tend to use language to direct actions, rather than to explain or express thoughts. This finding indicates children's limitations in conveying ideas elaborately which is in line with the results of research Stothers & Oram Cardy (2012) that students with DLD show low performance in aspects of pragmatic language, such as understanding and using figurative language, awareness of multiple meanings and variations in word use, and the ability to use language appropriately according to social context. Similarly, Graham *et al.*, (2020) that DLD refers to difficulties in receptive and/or expressive language in children, which are generally, though not entirely, related to problems in morphology and syntax.

The low use of representative speech acts shows that the children in this study have not optimally utilized words or symbols that represent objects, events, or ideas, which is one of the important elements in pragmatic language skills. Representative as part of speech acts functions to convey information, state facts, or describe something accurately, which is indispensable in social and academic interactions. These findings underscore the importance of narrative-based interventions and early discourse structure development to support children's pragmatic language skills. Pragmatics is an integrative skill that includes the ability to understand and use language appropriately in social contexts, including responding to direct and indirect requests, managing speaking turns, and using nonliteral language and discourse structures effective (Demchick & Day, 2016). Thus, low use of representatives reflects weaknesses in broader aspects of pragmatics and requires special attention in child language interventions.

Pragmatic abilities develop gradually as children grow, starting from understanding basic speech acts and expressing social needs through speech and gesture. During the preschool period, children begin to develop a theory of mind that becomes the basis for understanding more complex meanings such as epistemicity and evidentiality, which are related to the ability to represent the thoughts or beliefs of others. As they get older, around 7-8 years of age, children start to show the ability to understand higher nonliteral meanings, such as indirect requests or irony (Ozturk & Papafragou, 2016). However, in this study it was found that children's use of expressive speech acts only ranged from 10-15%, which indicates that they have not fully developed pragmatic aspects related to verbal expression of emotions, attitudes, or social

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responses. This low percentage indicates a limitation in the use of language to communicate feelings and attitudes explicitly, even though expressive acts are an important part of pragmatic skills that develop as theory of mind abilities increase. This finding suggests the need for support or intervention to encourage the use of expressive acts as part of strengthening children's representational and social skills in more complex communication contexts.

2. Conversational Coherence and Context Relevance

In general, children's conversational coherence was weak, characterized by many sudden topic changes and a lack of inter-verb cohesion. In play interactions, children often shifted attention without linking to the previous context, as in the following excerpt:

Data 1

Context: This conversation takes place when children are given time to play or do free activities outside the classroom. The therapist asks about the children's activities to find out what they are doing. Child B was playing with cars, but was then distracted by the presence of cats around the therapist's yard.

- | | |
|-----------|--|
| Therapist | : <i>"Kamu tadi main apa?"</i>
"What did you play?" (Soft tone, bending down slightly to be at the child's level) |
| Child B | : <i>"Mobil... eh lihat kucing!"</i>
"Car... uh look at the cat!" (With a quick, excited tone at "car," Child B suddenly exclaimed, "Eh, look at the cat!" His face lit up with surprise and joy as he pointed toward the bushes, eyes wide and body leaning forward) |
| Therapist | : <i>"Wah, kucingnya di mana?"</i>
"Well, where's the cat?" (Curious tone, following the direction of Child B's gaze and hand) |
| Child B | : <i>"Itu! Lari ke sana!"</i>
"There! Run over there!" (Fast and vigorous tone, while running a little towards the bush and waving) |
| Therapist | : <i>"Kamu suka kucing, ya?"</i>
"You like cats, don't you?" (Soft tone and smile, watching the child's reaction) |
| Child B | : (mengangguk cepat) <i>"Iya! Lucu banget! Tadi dia mau dekat mobilku!"</i>
(nodding quickly) "Yes! Very funny! Just now he wanted to get close my car! (With an enthusiastic tone, the child mimics a cat approaching its toy car with a playful hand gesture) |

The conversation between the therapist and Child B during play reflected some characteristics relevant to DLD. Child B

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responded to the therapist's questions with short, incompletely structured sentences, such as "*Mobil... eh lihat kucing!*" ("Car... uh look at the cat!") indicating limited ability to construct complex sentences coherently. The topic switch from answering the question to distracting the cat was abrupt and disorganized, which is a common feature in children with DLD due to difficulties in organizing and maintaining the flow of communication. Nonetheless, the child showed intent to interact and react to environmental stimuli, but his verbal expression lacked the ability to convey information explicitly. Child B, who used simple and incomplete sentences such as "*Mobil... eh lihat kucing!*", seemed to rely on nonverbal expressions such as raised intonation, pointing gestures, and changes in facial expressions to get his point across. Although children tried to relate back to the original topic "*mobil*" ("car"), the relationship between utterances still lacked cohesion because there was no explanation or complete narrative linking the experience of playing the car with the appearance of the cat. Children's utterances tended to be fragments of ideas that were not narratively or logically structured.

This confirms that communication relies not only on spoken language, but also on nonverbal elements such as gestures and eye contact that serve to support understanding of meaning (Matthews *et al.*, 2018). These nonverbal strategies are used to compensate for linguistic limitations. In this context, child B's verbal expressions do not yet fully demonstrate clear intentionality or complete linguistic structure, so their communicative effectiveness depends on pragmatic elements, namely how language is used socially and functionally in real situations (Befi-Lopes *et al.*, 2007; Jensen de López *et al.*, 2022). Likewise, cues in prosody used by therapists with soft words and low intonation can help children understand better.

Prosody facilitates children's understanding of pragmatic meaning. Multimodal prosody (combining prosody with gestures) provides cues that enhance pragmatic understanding and can be beneficial for children with DLD. Through prosody, children can grasp epistemic meaning earlier than with the use of lexical cues Giberga *et al.*, (2024) and this aspect also plays an important role in interpreting indirect requests (Ruytenbeek *et al.*, 2023).

In addition to prosody, gestures also play an important role in supporting children's understanding of pragmatic language. Multimodal information, such as the combination of sound cues and gestures helps infants even from an early age to interpret social intentions (Esteve-Gibert *et al.*, 2017) and plays an important role in processing situations containing uncertainty (Hübscher *et al.*, 2017). Gestures not only complement but also reinforce the verbal conveyance of pragmatic meaning, thus becoming an important channel for children, particularly those with language impairments

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and difficulties accessing pragmatic meaning through the morphosyntactic dimension of language.

On the other hand, the child's social response and interest in the interlocutor remained good, which is a positive aspect of communication interventions for children with DLD. This conversation shows the importance of the therapist's role in responding in a supportive way, such as asking follow-up questions and expanding the topic responsively, to help the child gradually develop their communicative abilities. Educating teachers on Speech, Language and Communication Needs (SLCN) has been shown to significantly contribute to improving their ability to recognize impairments and make appropriate referrals to relevant support services (Johnson & Van Hecke, 2015).

Data 2

Context: This conversation took place between child A and B during break time at the therapy center. Child A is trying to tell B about his vacation, but is having difficulty organizing the information in a coherent and cohesive manner.

- Child A : "*Saya... saya ke taman... terus... eh... hujan... saya makan es krim...terus... main boneka.*"
"I... I went to the park... then... uh... it rained... I ate ice cream...keep... playing with dolls." (With slow, paused speech, Child A points up for "rain," licks her finger for "ice cream," and hugs herself with a smile for "doll")
- Child B : "*Taman? Es krim? Boneka?*"
"Garden? Ice cream? Dolls?" (Confused and slow tone. Brow furrowed. Child B points at Child A and shrugs both shoulders)
- Child A : "*Boneka... cantik... saya nggak tahu... orang ada? Taman...anak.*"
"Dolls... pretty... I don't know... people there? Garden...delicious." (While speaking, she looks down, wiggles her feet, and glances at Child B. She slowly shakes her hand for "don't know" and kisses it for "delicious," though it mismatches the word "garden")
- Child B : "*Taman enak?*"
"Delicious garden?" (With a soft tone, Child A tilts her head left and frowns, showing uncertainty about the meaning)

The conversation between Child A and Child B reflects the typical characteristics of children with Developmental Language Disorder (DLD), especially in the aspect of pragmatics. Child A shows difficulty in constructing coherent utterances. Her speech was disjointed, using short phrases that were not logically connected, such as "*Saya ke*

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taman... terus hujan... saya makan es krim... terus main boneka." ("I went to the park... then it rained... I ate ice cream... then played with dolls"). These utterances seemed like snippets of experiences that had not been arranged into a complete narrative, indicating barriers in the ability to organize information. In addition, Child A seemed to rely on *gestures* to convey meaning, such as pointing to the air when saying "*hujan*" ("rain") or licking a finger to indicate "*makan es krim*" ("eating ice cream"). This indicates compensation through nonverbal channels due to limited spoken language. Botting (2020) found that children with DLD have difficulty in understanding the meaning of gestures when having to integrate information from speech and movement together. However, a study by Kirk *et al.*, (2011) showed that when faced with scenarios that required complex inference, the presence of gestures helped children with DLD provide significantly more accurate answers (Lavelli & Majorano, 2016). In general, research also shows that children with DLD tend to use gestures more than their typically developing peers (Wray *et al.*, 2016).

The lack of inter-verb cohesion is also reinforced by the use of semantically inappropriate terms, such as the phrase "*taman enak*" ("delicious park"), which confuses Child B because it does not match the conventional meaning. The confused reaction from Child B "*Taman enak?*" ("delicious garden?") shows that Child A's pragmatic impairment has a direct impact on the understandability and continuity of the social interaction. In addition, the limited use of conjunctions, referents, or elaboration of information further emphasizes the difficulty in constructing a structured discourse. Thus, this conversation underscores the need for a narrative-based intervention approach and integrated multimodal strategies to help children with DLD access and convey meaning effectively in everyday social contexts. Children who experience difficulties in the pragmatic aspects of language, regardless of their specific diagnosis, may not be able to use language appropriately in the context of social interaction, even if they are structurally able to process language correctly. That is, they show impairment in the use aspect of language, not in the form of language. Pragmatic language skills include social behavior, cognitive processes, as well as semantic and syntactic understanding, and are fundamental elements in the mastery of any language. This is because pragmatic competence involves the ability to use language appropriately in a variety of social situations, with a variety of interlocutors, and to understand both the explicit and implicit meanings in communication (Green *et al.*, 2014).

In the context of inclusive education, this situation highlights the challenges children with DLD face in participating in social interactions in a classroom or playgroup environment. Difficulties in conveying experiences coherently and being understood by peers can

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hinder social engagement, participation in group discussions and confidence in communication. Therefore, pedagogical approaches in inclusive classrooms need to be designed to provide adequate scaffolding, for example, through the use of supporting images, story maps, patterned sentence structures, and gradual narration exercises. In their interventions, expository and narrative texts serve as contexts for children to learn word meanings and practice combining words into sentences that convey events and details (Gordon *et al.*, 2024). In addition, explicit training in understanding others' perspectives (ToM-based interventions) can help children with DLD to increase their pragmatic awareness and become more effective in adapting utterances to social communication needs. These strategies include explanations of language rules, explicit feedback, and exercise-like formats, as well as implicit techniques such as modeling, priming, and reordering (Montgomery & Gillam, 2024).

The following table shows the findings regarding the incoherence of children's conversations. The table depicts the percentage of occurrences of abrupt topic changes, lack of inter-verb cohesion, and distraction with no link to the previous context.

Table 3:
Findings on the Incoherence of Children's Conversation

Type of Incoherence	Percentage (%)
Distraction without context	80%
Lack of Inter-Speech Cohesion	60%
Sudden Change of Topic	75%

Based on the data in the table, it can be seen that distraction without linking context is the most dominant form of incoherence in children's conversations, with a percentage of 80%. This phenomenon shows that children often switch focus in conversation without providing clear clues or transitions, thus confusing the interlocutor. This indicates children's low ability to maintain topic continuity and build a coherent and followable train of thought. Meanwhile, abrupt topic change ranks second with 75%, indicating children's tendency to change the topic abruptly without connecting it to the previous topic. This can be a serious obstacle in building meaningful interactions because the interlocutor has difficulty capturing the child's intent or following the direction of the conversation. On the other hand, the lack of inter-utterance cohesion was recorded at

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60%, indicating that children's utterances often stand alone and are not logically connected. These deficiencies hinder the formation of a complete and coherent discourse structure, and reduce the effectiveness of communication that should aim to convey information in a structured manner.

Overall, the high rate of incoherence in all three categories suggests the need for interventions that target strengthening children's narrative skills and discourse structure. Narrative-based approaches and training in cohesion strategies (such as the use of conjunctions, time markers and referents) are important to help children develop coherence skills in everyday social communication. The findings support the importance of narrative-based interventions and discourse structure development to help children build more coherent and comprehensible speaking skills. More attention needs to be paid to children's social interactions in situations involving peers to improve their ability to maintain a logical and cohesive flow of speech.

3. Speaking Turns and Responses to Indirect Intentions

Video data shows that turn-taking is often late or non-responsive. Children tend to wait for explicit questions rather than responding to indirect cues or expressions.

Data 3

Context: The conversation took place between the therapist and child C during recess. Child C has finished eating lunch together with his friends in the school dining hall.

Therapist	: " <i>Kita ngapain habis makan, ya?</i> " "What <i>do</i> we <i>do</i> after we eat?" (Soft tone. While bending slightly, the therapist opens both palms upwards and makes a gesture as if asking a question).
Child C	: (Silent and looking down, the child avoids eye contact and shows no response for several seconds)
Therapist	:(Mengulangi pertanyaan dengan intonasi yang lebih jelas dan pelan) " <i>Setelah makan, kita harus apa?</i> " (Repeats the question with a clearer intonation and quiet) "After eating, what should we do?" (The therapist points to her mouth, then mimics hand washing under an imaginary faucet)
Child C	: " <i>Cuci tangan. Bersih.</i> " "Wash your hands. Clean." (With a soft, blank tone, the child briefly glances at the therapist's hands, then imitates a short, uneven hand-washing motion)

In the conversation in data 3, Child C showed clear barriers in turn-taking and understanding indirect meaning, two important

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aspects of pragmatics. When the therapist asked the question, "*Kita ngapain habis makan, ya?*" ("What did we do after we ate?"), Child C did not respond immediately, either verbally or nonverbally. This delay indicates difficulty in recognizing turn-taking cues and taking turns in a timely manner, an ability that generally begins to develop from preschool age in typical children. The therapist's question actually contained an indirect intention, which was to ask the child to recall or name a routine action performed after eating (i.e. washing hands). However, Child C did not respond until the question was repeated in a more explicit form "*Setelah makan, kita harus apa?*" ("After eating, what should we do?") and accompanied by concrete gestures. This indicates that the child is not yet able to interpret the implied pragmatic intent without the help of contextual or visual cues. In other words, although the child was able to produce the utterances "*cuci tangan*" ("wash hands") and "*bersih*" ("clean") when the stimulus was clarified, the processing of the more implicit initial intent was not yet effective. This limitation was also evident in the minimal response structure and lack of initiative to extend the interaction, which is common in the speech turns of children who have mastered basic pragmatic skills. The absence of turn-taking or elaboration of "*Cuci tangan terus ke kelas*" ("Wash your hands and go to class") for example indicates that the child is not yet able to manage turn-taking in a two-way social interaction, and relies heavily on the interlocutor's prompting.

Overall, the findings confirm that children with DLD need explicit support in the form of multimodal strategies (gestures, visuals, or repetitive routines) to help them understand indirect intent and take turns appropriately. Interventions based on dialog games, social scenarios, and visual narratives are potentially effective approaches to build more adaptive pragmatic responses in natural contexts. Research by Giberga *et al.*, (2024) found that a combination of prosody and gesture was significantly more helpful than prosody alone. This finding indicates that a multimodal approach provides an advantage in processing complex pragmatic meanings, especially for children with limited linguistic abilities but who are cognitively mature enough to understand implied meanings.

This result is also in line with Kirk *et al.*, (2011) where the responses of children with DLD improved in the presence of gestures in scenarios that required complex inference. In summary, these findings corroborate the view that speech and gesture are complementary in aiding the comprehension of pragmatic meaning, and suggest that the benefits of multimodality are compensatory depending on the level of meaning complexity and language ability of the child. These results are important for the development of models of language comprehension and acquisition, particularly in children with impaired linguistic abilities.

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Table 4:
Supporting Quantitative Data (from Video Observation)

Teacher Question Type	Appropriate Child Response (%)	Inappropriate or Silent Response (%)
Explicit Questions (direct & literal)	85%	15%
Implicit Question (contains implicature)	32%	68%

A total of 85% of children gave appropriate responses to explicit questions, while only 15% were inappropriate or silent. This shows that children are relatively able to understand and respond to questions that are direct, literal and do not contain implied meanings. Explicit questions tend not to require additional interpretation or social inference, making them easier to process especially by children with language or pragmatic disorders such as DLD. In contrast, for implicit questions that contain implicature (implied meaning), only 32% of children gave appropriate responses, while 68% showed inappropriate responses or did not respond at all. This indicates significant difficulties in understanding indirect meaning, which demands more complex pragmatic skills such as inference, understanding speaker intent and social context. This difficulty is very typical of children with DLD, who tend to have impaired access to implicit meaning despite relatively intact syntactic and semantic abilities. This data strengthens the evidence that the ability to understand indirect or implicit intent is a major challenge in the pragmatics of children with language impairment. The high ability to answer explicit questions suggests that the main problem is not in literal language processing, but in higher dimensions of pragmatics, such as relating utterances to social context, communicative intention, and conversational logic.

Data 4

Context: A small group session in the language therapy room. The therapist invites the children to discuss the picture book that has just been read titled "The Rabbit and the Magic Carrot."

Therapist : (tersenyum, memegang buku sambil menunjuk gambar pohon) "Gambar warna hijau ini, bacanya apa ya?"
(smiling, holding a book while pointing to a picture of a tree)
"This green picture, what does it say?"

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- Child A : (menggaruk kepala, suara pelan) "*Ada wortel... eh... saya punya wortel di rumah.*"
 (scratching head, low voice) "There's my carrot... uh...have carrots at home."
- Therapist : (tetap hangat): "*Hmm, maksud Ibu tadi, Ini gambar apa ya?*"
 (keeping warm): "Hmm, what did you mean, what is this picture?" (pointing to the picture of the tree in the book)
- Child B : (immediately interrupts and reads one part of the book)
 "*Hutan itu banyak daun! Aku suka daun yang jatuh!*"
 "The forest has many leaves! I love falling leaves!"
- Child C : (whispering while looking out the window) "*Itu burung... terbang... terbang.*"
 "That's a bird... fly... fly."
- Therapist : (trying to redirect) "*Iya, di cerita tadi, Kelinci cari wortel ajaib. Nah, ayo coba diingat tadi yang dibaca, siapa yang memberitahu Lilo kalau ada wortel Ajaib di hutan?*"
 "Yes, in the story earlier, Rabbit looks for the magic carrot. Now, let's try to remember what we read earlier, who is who told Lilo that there were Magic Carrots in the forest?"
- Child A : (pauses, then speaks quickly) "*Saya punya mainan, bukan wortel. Di rumah main sama kakak.*"
 "I have a toy, not carrots. At home, I play with my brother."
- Child B : (raises hand but speaks without waiting for turn) "*Itu pohon.*"
 "That's a tree." (while pointing to the picture of a tree in the book)
- Therapist : (claps hands and strokes child B's head) "*Hebat. Bacanya gimana?*"
 "Great. How did you read it?"
- Child B : (trying to spell the word tree) "O... h... a..."
- Child C : (laughs to himself, then says) "*Ibu... kemarin beli roti... warna hijau!*"
 "Mom... bought bread yesterday... green!"
- Therapist : "Iya. Pohon warna hijau".
 "Yes. Green color tree". (continues assisting the child spelling the word tree slowly)

The conversations between the therapist and the three children with DLD in this literacy session showed a number of typical features of impaired pragmatics, particularly in the aspects of turn-taking, responses to indirect intentions and inter-speech cohesion. The children appeared to have difficulty maintaining regular turn-taking; for example, Child B interrupted without waiting for his turn, while Child A did not answer questions appropriately and diverted the conversation to irrelevant personal topics.

This shows that they are not yet able to understand and follow the basic rules of social interaction. In addition, when the therapist asked questions with indirect intentions such as "*Gambar warna hijau ini,*

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bacanya apa ya?" ("This green picture, what does it read?"), the children failed to grasp the intentions. Their responses instead lead to other topics that are not related to the context of the story or picture book. Their inability to grasp the implicature and connect information between utterances shows the lack of cohesion and coherence in their communication. Child C, for example, suddenly mentioned "*roti warna hijau*" ("green bread") which was irrelevant to the content of the book. Despite the therapist's efforts to provide visual clues, repeat questions, and use a warm approach, the children showed difficulty in staying focused and relevant to the topic. They were also unable to relate back to what had been read in class.

Developmental language impairment is strongly associated with reading difficulties, but not all children with DLD have reading difficulties (Ziegenfusz *et al.*, 2022). Some children with DLD experience a lack of understanding in terms of literacy. However, studies on pragmatic aspects have not explored in depth the relationship between weaknesses in pragmatic skills and students' literacy development (Troia *et al.*, 2019). In addition, children with DLD often exhibit specific difficulties that are not generally considered predictors of reading (e.g. phonological impairments in perception and/or production, word-finding difficulties) (Macchi *et al.*, 2019). In the early stages of learning to read in the alphabetic system, the development of written word recognition skills (largely based on the establishment of grapheme-phoneme correspondences) is mainly determined by children's phonological abilities (Snowling & Hulme, 2021). Between 48% and 87% have significant difficulties in learning to read (depending on the reading task and definition used (Megan Cleaton & Kirby, 2018). Therefore, it may be of interest to study the possible predictive power of word-finding difficulties in children with DLD when learning to read.

In a previous study Macchi *et al.*, (2019) the performance patterns of children with DLD on a visual lexical decision task and a reading aloud task suggested that their phonological difficulties had impeded the development of their phonological reading processing, which in turn had impeded the development of their orthographic processing. Therefore, there is reason to observe reading difficulties in children with DLD in written word recognition, due to their impairment in phonological skills, and in reading comprehension, due to their poor language skills.

Understanding literacy skills in students with and without pragmatic difficulties is important because there is a close reciprocal relationship between literacy and pragmatic abilities. Socio-cognitive skills that play a role in pragmatics, such as the ability to take others' perspectives and understand communicative intent are also involved in the reading comprehension process, for example when inferring

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information or making logical connections in writing. Reading and writing activities that require these social cognitive skills can not only support the development of oral discourse, but also potentially limit it if these skills are weak. Children who have difficulties in using these skills in one domain (e.g., speaking) often also have difficulties in other domains (e.g., reading or writing). Similarly, students exhibit atypical pragmatic language use, which can affect their overall academic success (Kearns *et al.*, 2019).

This study highlights key language and cognitive gaps in children with Developmental Language Disorder (DLD), underscoring the need for early intervention. Priority should be given to strengthening morphosyntactic and lexical skills, alongside improving executive functions like working memory and monitoring to enhance overall language performance.

CONCLUSION

DLD is a complex condition affecting multiple aspects of language, from phonology to pragmatics, and impacts both communication and social interaction. Though not caused by neurological or intellectual impairments, DLD can hinder academic and social development. Its overlap with conditions like ADHD highlights the need for accurate, multidisciplinary assessment. Early, individualized intervention especially those using clinical pragmatic strategies in rich communicative settings is essential. Collaboration among clinicians, educators, and therapists is key to supporting both structural and functional language needs. While this study is limited by a small sample and qualitative design, it provides valuable insights. Future research should explore long-term outcomes and the impact of pragmatic-based interventions.

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