

SPEECH AND LANGUAGE DISORDERS

During the first 12 to 18 months of life, an infant learns the basics of language – how to make sounds (coo and babble) and how to respond to others’ communications. She learns that her responses (such as smiling or imitating) influence others. Observing and imitating language is vitally important as the infant’s increasing mouth and tongue control allows her to practice making sounds.

By 12 months many infants can say 1-3 words and by 24 months the vocabulary has grown to over 50 words, often used in phrases. There is considerable variability in how rapidly the language skills progress. Children usually understand more than they express during the first three years.

Many children experience some speech difficulties in the early stages of learning language. For example, preschoolers may repeat the first sounds or word in a sentence (like a stutter) as a normal part of learning. For some children, though, speech and language problems are more severe or long lasting and may require evaluation and treatment. Such problems are screened for during your child’s check-up.

The term “speech/language delay” describes a child whose skills are developing in the proper sequence but at a slower rate than expected.

The term “speech/language disorder” refers to abnormal development of skills. The diagnosis of speech/language disorders should be made as early as possible because therapy is available and beneficial, even for infants. Every evaluation must include a hearing test, even if the child seems to hear. Subtle hearing loss can have dramatic impact on speech!

Additional terms used in language assessment include:

- “Receptive language” refers to the child’s understanding of words and sentences spoken to him.
- “Expressive language” refers to the child’s ability to use words and sentences to convey his message to others.
- “Speech” is the physical ability to produce or form words and sounds.

If you have concerns about your child’s language development, a visit to your pediatrician or nurse practitioner will allow us to assess the problem, and if necessary we make a referral for a detailed evaluation and possible speech therapy. We may be concerned if your child:

- Does not understand his name, “no,” or a few words or simple commands by age 1 year.

- Is not saying words by 14 or 16 months of age and phrases by 24-30 months.
- Cannot answer basic “wh” questions (what, where, who) by age 3 years.
- Has difficulty being understood by people outside the family after age 3.
- Is chronically hoarse without having a cold.
- Cannot tell a simple story by age 5.
- Shows poor school performance.
- Is progressing much more slowly with speech than with other areas of development.

WAYS TO STIMULATE YOUR CHILD’S SPEECH/LANGUAGE DEVELOPMENT

- Talk to your child. Children learn words and the rules for using them by listening to others talk. They model their language behavior after yours. Therefore, what you say and how you say it is important. Dialogue is a natural part of many daily routines such as mealtime, bath time, and dressing. Your child can expect certain language to be used over and over again within his familiar routines. Talk about trips and new experiences.
- Encourage your child to ask for items, make choices, and answer questions at his language level instead of crying or pointing to satisfy his basic wants or needs. However, never deny your child’s needs “until he asks” or try to force your child to speak. Children rarely withhold speech voluntarily.
- Listen to your child. Encourage storytelling and sharing of information.
- Sing to or provide music for your child. Helping your child learn new songs encourages language development. While singing, a child learns new words and sentence patterns, memory skills, listening skills, imitation and expression of thought and feeling through words.
- Read to your child. Ask a librarian for books appropriate for your child’s age. Reading provides an opportunity to teach and review words and ideas.