

Speech and Language Delays

What Parents Need to Know

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Editor's Note:

This article first appeared in the 2005 Northern/North Central edition of Celebrating Special Children.

Language is the key that allows access to many facets of adult life including socialization, education and career success. Although children delayed in speaking and understanding language are at risk for academic failure, research tells us that early intervention can minimize that risk. The passage of Public law 99-457 in 1986 was enacted to identify children between birth and 3 years of age who may be at risk for developmental delays. Since that time, many parents have benefited from the help of professionals both at the beginning and at the end of this time frame.

At birth, a child can be identified as needing services because of a medical diagnosis such as Down Syndrome or cerebral palsy. At age 3, a child enters preschool and a teacher may identify a child at risk for a speech delay. However, during the time between birth and preschool, some parents may become concerned about their child's speech and language development either because they compare their child's speech to that of an older sibling or to neighbor's children and their 'gut instinct' tells them that something isn't quite right. These parents may be conflicted about seeking help because well-meaning friends and relatives offer advice such as, "Her father was a late talker," or "Give her time, she'll grow out of it."

Some understanding of what to expect in the way of language development prior to preschool, as well as the kinds of behavior that may signal a problem can be highly useful to many parents and may help them determine whether or not that gut feeling should be discussed with a professional.

Early Beginnings of Speech

Developmental milestone charts tell us that the first true word occurs between 9 and 14 months of age. However, there are many factors that affect the rate at which a child develops speech and language. For example, if there are two languages spoken in the home, a child may be slower to start talking. Children who receive little positive reinforcement for communicative attempts may also be late to start talking. As children concentrate on new skills, such as walking, speech development may stall. In addition, medical issues such as low tone or weakness of the muscles used during speech (lips, cheeks, tongue) or a history of ear infections can also



impact the rate of speech and language development. Whether or not a child is affected by these or other factors, all children typically go through the same stages of speech and language development.

Using the Senses

The first two years of life is typically referred to as the sensory-motor period. The integration of the senses (sight, sound, touch, smell, and taste) with movement builds a firm foundation for speech and language skills to develop. Thus, in infancy a baby is busy looking and listening. By 3 months of age we can see these two sensory skills merge as a baby turns and looks for the source of a sound. By 7 months, he will look at a family member named as well as respond to his own name. This integration of sight and sound continues to expand through the first year as children make connections between the people and objects they see and the words they hear. A child's ability to look and listen as adults name objects and people is called joint attention and is critical to language learning.

During this period, a baby is not just looking and listening but also touching and moving. Movement equals sound. We observe this connection as a baby goes through the stages of rolling, crawling, and standing. As a baby moves, he also goes through the speech stages of crying, cooing, gurgling, and babbling. These initial sounds develop as a baby practices the speech sounds he hears. Speech (the actual sounds we use to form words) also involves movement; specifically, the movement of the lips, cheeks, tongue and jaw. Therefore, exercising these muscles through feeding and mouthing objects is important to the development of speech.

Babies also spend lots of time playing, and this too aids in language development. A child receives as much information manipulating objects as he does mouthing them. The more information a child has about the object (the look, feel, taste, sound, and smell of it) the stronger the connection to the name of the object.

