



LET'S TALK

...FOR PEOPLE WITH SPECIAL COMMUNICATION NEEDS

Early Identification of Speech-Language Delays and Disorders

By Diane Paul-Brown, PhD, CCC-SLP

Why is speech-language treatment needed? My baby doesn't talk yet! That's just "baby talk." I'm sure my child will outgrow it.

Everyone in our family was a late talker. My child will talk when the time is right.

Why worry now? Speech and language services will be available when school starts.

Treatment? Looks like they are just playing games to me.

You may have had similar thoughts or comments. Usually, there is concern about a child's speech and language skills if there is no speech by the age of 1 year, if speech is not clear, or if speech or language is different from that of other children of the same age.

What is Early Identification?

It is estimated that 2% of all children born each year will have a disabling condition. Many of these children will have speech and/or language delays and disorders that may have a significant effect on personal, social, academic, or vocational life. Although some children will develop normal speech and language skills without treatment by the time they enter school, it is important to identify those who will not.

Many people falsely believe that speech-language treatment cannot and should not begin until a child begins to talk. Yet research has

shown that children know a great deal about their language even before the first word is said. For example, children can distinguish between their native language and a foreign language, use different non-verbal utterances to express different needs, and imitate different patterns of speech through babbling.



Research has shown that children know a great deal about their language even before the first word is said.

Early identification includes the evaluation and treatment provided to families and their children under 3 years old who have, or are at risk for having, a disability or delay in speech, language, or hearing. A child can quickly fall behind if speech and language learning is delayed. Early identification increases the chances for improving communication skills.

Who Should be Evaluated?

Children identified as at-risk or high-risk, such as those from neonatal intensive care units (NICU), should be tested early and at regular intervals. Other risk factors include diagnosed medical conditions, (for example, chronic ear infections); biological factors, (for example, Fetal Alcohol Syndrome); genetic defects,

(for example, Down syndrome); neurological defects, (for example, cerebral palsy); or developmental disorders, (for example, delayed language).

Children with no high-risk features should be evaluated if their speech and language is not similar to other children of the same age.

How is the Evaluation Done?

Evaluation may be formal or informal and include any combination of standardized tests; direct observation of play and interaction with caregivers; report by parent, teacher, or physician; and collection and detailed analysis of spontaneous speech samples.

Several sessions as well as ongoing evaluation may be required to obtain enough information to make an accurate diagnosis.

The early identification team may consist of the speech-language pathologist, audiologist, psychologist, neurologist, electrophysiologist, otolaryngologist, pediatrician, nurse, and social worker. Because speech-language delays and disorders may be due to a variety of causes, each professional makes valuable contributions to the evaluation.

What is Speech-Language Treatment?

From the results of the evaluation, certain services may be recommended. Prevention includes those children who have been identified as at-risk, (for example, due to low birthweight), for a communication delay or disorder. Services are

LET'S TALK)))

provided before a specific diagnosis has been made. Remediation increases function in areas identified as delayed or disabling and may serve to prevent other related problems. For example, remediation of a language disorder can help to offset learning difficulties. Compensation enables the child and the family to make adjustments for limitations, as in some cases of cerebral palsy.

Language is taught in a natural setting. It is presented at the child's developmental level; responses are

consistently stimulated; and output is rewarded. Play may be used to teach communication skills such as the rules of conversation, including turn taking.

Feeding and swallowing treatment may be needed to sustain life. It can also be used to encourage speech-like movements, stimulate sound production, or increase the child's awareness of speech movements.

Diane Paul-Brown is ASHA's director of Clinical Issues in Speech-Language Pathology.



.....
If you have concerns about your child's speech or language development, please contact an ASHA-certified speech-language pathologist. Go to ASHA's website at www.asha.org for information and referrals or call 800-638-8255.



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

10801 Rockville Pike
Rockville, MD 20852
1-800-638-8255 (Voice or TTY)
Email: actioncenter@asha.org
Website: www.asha.org



Compliments of
American Speech-Language-Hearing Association
10801 Rockville Pike • Rockville MD • 20852 • 800-638-8255
and