

Ways With Words

Kylie Ladd looks at the emergence of children's language skills, and problems that can arise.



Anita Marchant didn't panic at first when her son Mitchell was slow to speak. "Mitchell hadn't said any words by 18 months, but he was our first child so I didn't really know what to expect," she says. "I was aware that other children his age were saying quite a lot of words, but whenever I mentioned it to someone they'd tell me not to worry, or that they knew another child who was a late talker but had caught up quickly."

you've never dealt with anything like it before and even the specialists aren't sure what will happen. Besides, no parent wants to face that their child might have a problem, or risk having their child labelled prematurely."

Anita's quandary is one shared by many parents. Studies suggest that as many as 25 per cent of children

loss are ruled out, though a number of factors may play a part. A recent Australian study of children's language development found that the risk for late language emergence (LLE) at 24 months "was not associated with particular strata of parental educational levels, socioeconomic resources, parental mental health, parenting practices,



"Pronunciation difficulties may be called by a variety of names. ... These include speech impairment, speech-sound disorder, phonological impairment and articulation disorder, as well as combinations of these. Pronunciation problems include lisping, as well as substitutions such as 'w' for 'r', so 'wed' and 'wabbit' replace 'red' and 'rabbit'."

It wasn't until Mitchell's GP referred him to a paediatrician that his speech delay was diagnosed. "Ironically, the referral was suggested because Mitchell also hadn't started to walk by 18 months," says Anita. "But the paediatrician wasn't concerned about that - it was his lack of language that worried her. A few possible diagnoses were raised, including intellectual impairment and autism. We were told that they were unlikely, but it was still very confronting and frightening." Mitchell was put through a battery of tests to eliminate possible causes of his delayed speech, including hearing impairment and difficulty making the physical movements necessary to produce sound. When these failed to find a cause, he was offered speech therapy (now known as speech pathology), though the family were also told that his difficulties might well resolve naturally with time.

"Hearing that made us delay accepting the speech therapy," recalls Anita. "With hindsight, I'm annoyed we didn't pursue help more quickly, and sometimes wonder what effect that lag has had. But it's confusing when

may experience problems with speech, language or communication during the preschool years, and that these can take a variety of forms.

"An immense amount of learning needs to take place before a child's first word can be uttered," notes Dr Elise Baker, lecturer and speech pathologist with the University of Sydney and a spokesperson for the Speech Pathology Association of Australia. "The child needs to be able to hear and then comprehend what is said to them, which is known as receptive language, and be able to express what they are thinking, known as expressive speech. They also need to learn how to pronounce speech sounds so their words can be understood by others, and to produce fluent and meaningful speech. Communication problems in toddlers might therefore involve one or more of these areas."

Speech delay, such as that experienced by Mitchell, is one of the more common forms of communication impairment in children. There is often no discernible cause for such delays once physical impediments such as hearing

or family functioning". Risk factors that were identified, however, included low birth weight or prematurity, having a sibling, and also gender, with boys at almost three times the risk of LLE than girls. Research has also found that late talkers are significantly more likely to have a parent with a history of late talking, suggesting that some speech and language problems may have a genetic basis.

Pronunciation problems may also occur in the toddler years. As Dr Debbie James, academic researcher and paediatric speech pathologist at the Centre for Allied Health Evidence at the University of South Australia notes, these encompass any situation where sound is pronounced in a way that is not readily understood. "Pronunciation difficulties may be called by a variety of names," says Dr James. "These include speech impairment, speech-sound disorder, phonological impairment and articulation disorder, as well as combinations of these. Pronunciation problems include lisping, as well as substitutions such as 'w' for 'r', so 'wed' and 'wabbit' replace 'red' and 'rabbit'."

Stuttering is another common, but separate, disorder. "Many children go through a period of dysfluency, where they might exhibit stutter-like behaviours, at some point in their first five years," says Anthony Meany, a speech pathologist currently completing a PhD at the Australian Stuttering Research Centre. "This often coincides with a jump in their language development - for example,

continued on page 21

"Research indicates that about five per cent of children stutter at some stage, but that 60 to 80 per cent of these will become fluent again without treatment, and that girls are more likely to recover than boys."

continued from page 18

suddenly using longer sentences or a lot of new words. Research indicates that about five per cent of children stutter at some stage, but that 60 to 80 per cent of these will become fluent again without treatment, and that girls are more likely to recover than boys."

This was the case for Belinda Austin, whose daughter Rebecca began stuttering not long after she turned three. "It was a real shock, because she'd always been quite a fluent talker," says Belinda. "The stutter literally came on overnight, which we've since learned is quite common, and got worse whenever she was upset, tired or particularly excited about something. When it hadn't gone away after six months I started to get quite worried, but thankfully not long after that it lifted almost as quickly as it had come on. Looking back, the stutter really did emerge at a time when Rebecca's vocabulary was just exploding... it was almost as if she had too many words for her head, and they were all fighting to get out."

Experts advise that there are a number of 'red flags' for parents to be alert to with respect to their children's speech. "I would strongly encourage parents to seek a speech and hearing evaluation if their child does not babble by 12 months, has not spoken his or her first word by 12 months, or has less than 50 spoken words by two years," says Dr James. "Two year olds should also be beginning to use two-word sentences, and to have a few longer words in their vocabulary, such as 'caterpillar' or 'watermelon'." She adds that strangers should be able to understand at least 75 per cent of what a three-year-old says, and that by four, most children will spontaneously engage in rhyme or word play.

Dr Baker points out that while toddler speech and language problems may sometimes resolve spontaneously with age, a significant proportion do not. "An important study published last year showed that approximately 15 per cent of two year olds exhibited expressive language delay, or late talking. This resolves in roughly half of this group by three years, and 70 per cent by four... but the study also states that there is no reliable way to determine whether any particular individual child's difficulties will resolve, or whether they will go on to have lasting speech and language problems." As such, Dr Baker urges parents to seek professional advice as soon as they become concerned about any aspect of their child's speech or language. Meany agrees. "I always tell parents to refer their child if they are at all worried - that way they are on the waiting list, which in our area is about four months, but can be much longer elsewhere. If the stutter or other problem is gone by the time they receive an

appointment they can always decline the service, but they may well need it if it isn't."

Early intervention is particularly important given the potential long-term effects of childhood speech and language disorders. Dr Bernice Mathisen, Speech Pathology Program convenor at the University of Newcastle, points out that a speech delay or difficulty does not mean that a child is unintelligent or has an intellectual impairment, but nonetheless may influence academic performance. "Speech is correlated with language and literacy," she says, "both of which directly affect school achievement, emotional health and future employment options."

The link between speech and language skills and literacy has been demonstrated in a number of studies, including one where 87 preschoolers with proven speech



Early intervention is particularly important given the potential long-term effects of childhood speech and language disorders.

and language impairments were followed over a 14-year period. Researchers found that by the age of 16 the people in this group had significantly poorer literacy skills than their peers, even though in many cases their difficulties had resolved within a year or two of starting school. Another study notes that children presenting with literacy problems at school were frequently found to have speech and language problems when assessed, yet the problems were so subtle that they had never been identified by their teachers or parents.

Speech difficulties may also impact socially on a child. Brendan Boyd is a seven-year-old boy with speech delay and impaired articulation. "We were worried about him managing the work when he started school last year, but he learned to read and write quite quickly," says his mother, Robin. "What has been an issue though is making friends - he can't join in conversation easily, and isn't always understood. Boys his age aren't great at making allowances for each other either, and anyone 'different' tends to get left out. Brendan's speech pathologist has encouraged us to arrange lots of play dates, as this will help his language, but it isn't always easy when he doesn't have any close friends."

A variety of treatments or interventions are available for children with speech and language difficulties.

These often involve both direct intervention, where the child works in a one-to-one relationship with a speech pathologist, and indirect intervention, where important people in the child's life, such as parents and teachers, are trained to facilitate language development. As Dr Baker points out, the therapies selected vary depending on the child's age and needs, as well as the nature of the problem. "A program for a late talker might include teaching the child's parents to use special conversational techniques during a half-hour of play each day, and during routine events such as mealtime

or bath time," she says. "In contrast, a program for a child with a speech-sound disorder may include a series of games or activities focused on a particular sound or speech pattern."

Anita Marchant found that in addition to regular speech pathology sessions, her son Mitchell benefited from an early-intervention preschool program. "Mitchell attended this as well as his standard preschool," Anita says. "The two were very similar, though the early-intervention program focused on issues specific to the group, all of whom had some form of language impairment. Also, parents are required to stay during sessions of the early-intervention program. This is so children get lots of adult attention and assistance, but I also found it was very helpful for me, both in terms of learning techniques to help Mitchell and to manage some of the behavioural issues that can arise with speech delay, and in getting support from the other parents who were going through the same thing."

"Early intervention is important for a number of reasons," agrees Dr Mathisen. "Obviously you're focused on the long-term outcome, and improving the child's speech and language. But it's also important to look at what communication strategies can be introduced immediately, to improve the child's quality of life as quickly as you can, and thus to minimise behavioural or educational overlay."

"Research suggests that the better a child's speech and language skills when they start school, the less likely they are to experience social, emotional or academic difficulties," says Dr Baker. "This is why assessment, intervention and, if necessary, assistance from a speech pathologist during the toddler and preschool years is so important. The help a child receives during these early years has the potential to shape their future." ■

Some names have been changed.

For Further Information:

- Speech Pathology Australia
www.speechpathologyaustralia.org.au/Content.aspx?p=197
- Australian Stuttering Research Centre
<http://www3.fms.usyd.edu.au/asrcwww/index.html>
- Articulation and phonological disorders fact sheet
www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=10325

Sound Advice

"Parents have an enormously important role to play in facilitating their children's language development," notes Dr Debbie James. "Children not only need to hear language - to be exposed to different words and the rhythms of speech - but they need to practise it too: making the appropriate movements with their mouth, tongue, lips and teeth, and participating in the give-and-take of conversation."

Experts advise that parents can assist their child's speech and language development by:

- Talking often to their children using a variety of words, not just the names of things.
- Waiting for a response. "Pause often so that your child has the chance to understand and talk back to you," says Dr Elise Baker.
- Reading regularly to your child, stopping to point out familiar objects and to explain what is going on in the story.
- Responding when your child speaks to you, even if you don't always understand what he or she is saying.
- Singing with your child - this encourages enjoyment of language, and the repetition inherent in most children's songs aids vocabulary.
- Asking your child questions.
- When your child makes a mistake, Dr Baker suggests that you repeat back the word correctly. "But don't distort or over-emphasise the sounds," she adds. "Children need to hear lots of examples of clear, adult-like speech."