

What Every Parent Should Know About Language Acquisition Milestones and Speech Disorders

<u>Articles | Bachelor's in Communication Sciences and Disorders</u>

Parents marvel at their young children's attempts to learn language by imitating and experimenting. An infant's cooing and a toddler's early words are signs of healthy language acquisition that every parent is delighted to hear. But when children fail to meet milestones, speech-language therapy and other forms of treatment may be necessary.

To learn more, check out the infographic below created by Maryville University's <u>online</u> <u>Bachelor of Science in Communication Sciences and Disorders</u> program.





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MILESTONES IN LANGUAGE ACQUISITION

Young children naturally pick up sounds, words, and sentences as they learn how to speak. For parents, the process is full of excitement, surprise, and joy.

How Children Learn Languages

People are born with the ability to produce 40 sounds.

Human genetics allows the brain to make associations between sounds and ideas, objects, or actions.

Interaction is key.
If children only hear
language on the TV or
radio, they will not
learn how to speak.

Adults help children learn language by talking with them.

- A mother coos and uses baby talk.
- A father listens to his 3-year-old tell a story.
- A teacher repeats instructions in a classroom.

Young children listen, practice, and learn.

People do not learn language passively; language acquisition occurs through active, repetitive, and complex learning.

Baby talk used by adults with infants and toddlers is always just a bit ahead of the child's own language development, helping to advance the child's skills.

Baby talk is helpful because it contains:

- Simpler vocabulary and sentence structure than adult language
- Exaggerated intonation and sounds
- Repetition
- Questions

Stages of Language Acquisition



BIRTH TO 5 MONTHS

- Coos
- Makes sounds that show pleasure or displeasure

6 TO 11 MONTHS

- Babbles
- · Says "mama" or "dada" without understanding meaning
- Tries to repeat sounds
- · Says first word





12 TO 17 MONTHS

- Gives nonverbal replies
- Says two to three words to name an object or person

18 TO 23 MONTHS

- · Asks for common foods by name
- Makes animal sounds
- · Speaks short phrases, such as "more milk"
- · Begins to use pronouns such as "mine"





2 TO 3 YEARS

- Uses pronouns, such as "you," "me," or "her"
- Knows descriptive words, such as "small" or "sad"
- Knows spatial concepts, such as "in" or "on"
- Uses question inflection to ask for things, such as "my toy?"
- Begins to use plurals, such as "hands," and regular past tense verbs, such as "walked"
- · Answers simple questions

3 TO 4 YEARS

- Identifies colors
- Groups objects, such as clothes or foods
- Uses most speech sounds but may struggle with sounds such as l, r, s, sh, ch, y, v, z, and th
- Expresses feelings and ideas rather than just talking about their environment
- Uses verbs that end in "ing," such as "talking" or "running"
- Repeats sentences





4TO 5 YEARS

- Understands complicated questions
- Struggles to pronounce long, complex, or difficult words, such as "hippopotamus"
- Uses some irregular past tense verbs, such as "fell"
- · Describes certain actions, such as how to paint a picture
- Answers "why" questions

SPEECH AND LANGUAGE DISORDERS: SYMPTOMS AND CAUSES

If a caregiver rarely spoke with the child, or if the child was born with biological problems, the child may struggle with hearing, making associations between sight and sound, or paying attention, leading to language delays that may develop into disorders.



What Are Cognitive-Communication Disorders?



An individual with a cognitive-communication disorder may struggle to properly:











social situations

CHILDREN MAY STRUGGLE WITH:

Memory

Learning

Attention

Executive functioning

Speech and Language Disorders

ARTICULATION DISORDERS

Difficulty pronouncing certain consonants or vowels correctly, such as the letters "s" and "r"



VOCAL DISORDERS

Issues with the quality, pitch, and/or volume of the voice



FLUENCY DISORDERS

Speaking in an uneven rhythm (also called rhythm disorders)



In most cases, the cause is unknown. Causes may include:

- Brain damage or brain disorders
- Physical disabilities, such as a cleft palate, hearing loss, or cerebral palsy
- Poor coordination of muscles in the mouth or dental problems

Causes may include:

- Overuse and strain
- Reflux
- Brain injury

For example, the child may:

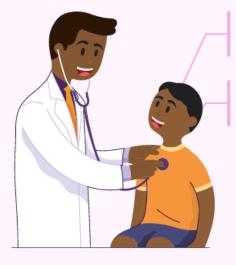
- Repeat or add words or sounds when speaking
- Pause in the middle of phrases
- Frequently correct their pronunciation
- Stutter

HOW LANGUAGE AND SPEECH DISORDERS ARE TREATED

Children with language delays may simply need extra attention to help them advance their language and speaking skills. Others, however, may be diagnosed with disorders and require personalized treatment.



How Language and Speech Disorders Are Screened and Diagnosed



First, a physician performs a full medical examination to rule out other conditions, such as a sensory impairment or hearing problem.

If the exam fails to reveal a particular health condition, then a speech-language professional conducts a screening that may include:

• Gathering information from parents and/or teachers to learn about the child's speech/language difficulties

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- Administering formal screening assessments
- · Using informal measures
- Conducting an articulation screening

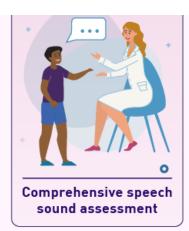
DEPENDING ON THE RESULTS OF THE SCREENING, THE CHILD MAY BE RECOMMENDED FOR A:











Treatments for Language and Speech Disorders

Language therapy may involve one-on-one treatment sessions with a speech-language therapist.



Special education services may be provided for children ages 3 and older.





TREATMENT ADDRESSES:

SPEECH SOUNDS — How the child makes sounds and puts them together to form words

LANGUAGE — How well the child understands and uses sounds and written words

LITERACY — How well the child reads and writes

SOCIAL COMMUNICATION — How well the child follows rules, such as taking turns, how to talk with others, and maintaining an appropriate distance when speaking

VOICE — How the child's voice sounds, such as hoarse or loud

FLUENCY — How well the child's speech flows

COGNITIVE COMMUNICATION — How well the child remembers, pays attention, solves problems, and organizes things



Careers in Speech and Language





KESPUNSIBILITIES

- Assess levels of speech, language, or swallowing difficulty
- · Recommend treatment options
- Develop and implement an individualized treatment plan
- Help children and adults improve their speaking and writing abilities
- Train children and adults to develop and strengthen the muscles used to swallow
- Provide counseling to individuals to help them cope with communication and swallowing disorders

KESPUNSIBILITIES

- Examine patients with hearing, balance, or other ear problems
- · Analyze the exam results and make a diagnosis
- · Recommend and administer treatment
- Fit and dispense hearing aids
- Teach patients and their families ways to listen and communicate, such as reading lips or using technology
- Evaluate and record patient progress
- · Conduct research into the causes and treatment of hearing and balance disorders

CONCLUSION

Parents who notice speech or language abnormalities in their children's attempts to communicate should seek professional treatment. With the help of qualified speech-language professionals, children can improve their language and speaking abilities.



online.maryville.edu/online-bachelors-degrees/communication-sciences-and-disorders

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Milestones in Language Acquisition

Young children naturally pick up sounds, words, and sentences as they learn how to speak. For parents, the process is full of excitement, surprise, and joy.

How Children Learn Language

People are born with the ability to produce 40 sounds, and human genetics enable the brain to make associations between sounds and ideas, objects, or actions. As such, young children are able to learn, practice, and learn. When it comes to language, people don't learn it passively. Instead, language acquisition occurs through active, repetitive, and complex learning.

Children won't learn how to speak by just hearing language from the TV or radio. Interaction is important, and adults help children learn language through tactics like baby talk, active listening, and repetitive instruction. Baby talk is helpful because it contains simpler vocabulary and sentence structure, exaggerated intonation and sounds, repetition, and questions. When it's used by adults with infants and toddlers it's always just a bit ahead of the child's own language development, helping to advance the child's skills.

Stages of Language Acquisition

Babies will coo and make sounds showing pleasure or displeasure from birth to 5 months. This shifts to babbling, saying "mama" or "dada" without understanding meaning, trying to repeat sounds, and saying their first word between 6 to 11 months. At 12 to 17 months, they'll give nonverberal replies and say two to three words to name an object or person. They'll start asking for common foods by name at 18 to 23 months, and they'll also make animal sounds, speak short phrases, or begin using pronouns like "mine" during that time.

At 2 to 3 years, toddlers will start using pronouns, question inflections, and plurals. They'll also start answering simple questions and they'll know descriptive words and spatial concepts. When they reach 3 to 4 years, they'll be able to identify colors, express feelings, group objects, and use active action verbs. They'll also use most speech sounds, although they may struggle with some sounds. At 4 to 5 years, they'll begin to understand complicated questions, use some irregular past tense verbs, describe certain actions, and answer "why questions." They'll also struggle to pronounce long, complex, or difficult words.

Speech and Language Disorders: Symptoms and Causes

If a caregiver rarely spoke with the child, or if the child was born with biological problems, the child may struggle with hearing, making associations between sight and sound, or paying attention, leading to language delays that may develop into disorders.

What Are Cognitive-Communication Disorders?

An individual with a cognitive-communication disorder may struggle to properly speak, listen, read, write, and interact in social studies. Children may also struggle with memory, learning, attention, and executive functioning.

Speech and Language Disorders

One speech disorder category is articulation disorders, marked by difficulty pronouncing certain consonants or vowels correctly, like the letters "s" and "r." In most cases, the cause is unknown. However, they may be caused by brain damage or disorders, physical disabilities, poor coordination of muscles in the mouth, or dental problems.

Another category, vocal disorders, is marked by issues with the quality, pitch, and/or volume of the voice. Causes may include overuse and strain, reflux, or brain injury.

A third category, fluency disorders or rhythm disorders, is marked by speaking in an uneven rhythm. For instance, they may repeat or add words or sounds when speaking, pause in the middle of phrases, frequently correct their pronunciation, or stutter.

How Language and Speech Disorders are Treated

Children with language delays may simply need extra attention to help them advance their language and speaking skills. Others, however, may be diagnosed with disorders and require personalized treatment.

How Language and Speech Disorders Are Screened and Diagnosed

There is a diagnostic process to determine the presence of a language or speech disorder. First, a physician performs a full medical examination to rule out other

conditions like a hearing problem or a sensory impairment.

If the exam fails to reveal a particular health condition, then a speech-language professional conducts a screening that may include gathering information from parents and/or teachers to learn about the child's speech/language difficulties, administering formal screening assessments, using informal measures, and conducting an articulation screening.

Depending on the screening's results, the child may either be recommended for a complete audiologic assessment, a comprehensive language assessment, or a comprehensive speech sound assessment.

Treatments for Language and Speech Disorders

Language therapy may involve one-on-one treatment sessions with a speech-language therapist. Special education services may be provided for children ages 3 and older. This treatment addresses several metrics, including speech sounds, language, literacy, social communication, voice, fluency, and cognitive-communication.

Careers in Speech and Language

One key career in speech and language is the role of speech-language pathologist. Responsibilities include assessing levels of speech, language, or swallowing difficulty; recommending treatment options; helping children and adults improve their speaking and writing abilities; and providing counseling to individuals to help them cope with issues.

Another key career is the role of audiologist. Responsibilities for this role include examining patients with hearing, balance, or other ear problems; diagnosing issues after exam analysis; recommending and administering treatment; and evaluating and recording patient progress.

An Important Conversation to Have

Parents who notice speech or language abnormalities in their children's attempts to communicate should seek professional treatment. With the help of qualified speech-language professionals, children can improve their language and speaking abilities.

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