

Kidding Around

April 2008

the South Shore

Is my child's speech and language development delayed?

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As a speech-language pathologist, I receive many calls and questions from parents concerning their child. During the initial interview, almost every parent asks, "Are my child's speech and language delayed?" or, "Why is my child's speech delayed?" These questions are difficult to answer because there are many factors which contribute to a child's speech-language development. While medical and family history play a role in speech development, every child's development varies. Some children practice and develop motor skills first, and then work on speech development later. These parents refer to their child as "motor kids." Other children produce "first words" at an early age and may be more delayed in the development of crawling, or walking. Parents refer to these children as "early talkers." It is important for parents to understand that children do develop motor and speech skills at different levels.

A child's medical history can contribute to a speech and language delay. Review of a case history form and a com-

prehensive parent interview is essential. Birth and developmental history are also important to discuss with the parent. One medical factor which can impact a child's speech development is recurrent otitis media

(middle ear infections). When a child has recurrent ear infections, this child may miss critical components of speech. Speech sounds and words can become distorted due to the blockage caused by the ear infection. If a child continues to have bouts of ear infections, this child will miss words, language concepts, and directions which are critical during the early years of speech-language development. Therefore, it is very important to have your child's hearing tested by a certified audiologist. Parents should also chart how many ear infections a child's has during the year (an important question on my case history form). The child may need to be seen by an ear, nose and throat specialist for specific medical intervention or



possibly myringotomy tubes. Please communicate with your pediatrician regarding your child's medical and speech development. Your pediatrician will follow certain medical guidelines. Ongoing communication

is the key factor.

Oral-motor and feeding development also plays a role in speech-language development. The child may not have the oral movements of the lips, tongue and jaw that are necessary for speech production. He may need to work on specific oral-motor exercises to promote sound production (i.e., clicking tongue to produce an accurate /t/ sound). A child may have difficulty tolerating foods of different textures or in the development of feeding skills. Again, it is so important that parent know that speech production and language also involve developed oral-motor skills.

Family history can also play a role in speech-language development. Often, articulation

or language problems run in families. It is not uncommon for siblings to present with speech or language problems. Parents also tend to be more aware of speech and language development when their child presents with a delay.

If you have these concerns about your child's speech and language development, consult your pediatrician and communicate your concerns. Have your child's hearing tested and if necessary, have your child's speech and language skills assessed. Parents can contact early intervention if your child is a toddler or local hospitals or private practice clinician for a certified speech-language pathologist. Parents can also learn more information by reviewing the American Speech Hearing Association ASHA website (www.asha.org).

Karen Francioso-Howe is a pediatric speech-language pathologist who has a private practice in Easton MA. Her areas of interest include speech disorders, child language and autism/pdd.