

Medical Home Telephone Conference April 25, 2006

Lisa Samson-Fang, MD and Vicki Simmonsmeier Speech and Language Pathologist from Utah State University regarding "How can we guide parents in facilitating their child's language development.

One of the roles of the medical home is to do screening. One of the things we screen for is delays in language development. When you talk about language development with families sometimes they want to know what they can do to facilitate their child's learning to speak and understand. Also we see a lot of kids that are borderline in their development, not enough that we feel we need to refer them yet but they are kids that we want to keep a close eye. It would be nice to have some idea of what the red flags are that we should refer and things that we can tell parents to really facilitate development.

Joining us today is Vicki Simmonsmeier a speech and language pathologist, from Utah State University. Would you like to share with us some things we should look out for "red flags" what would be your red flag?

The take home message today is 200 words by their second birthday. I think a lot of people might be surprised by that, often we get referrals and the question is we think they should have 20 words by their second birthday but really it is much higher than that and if you can remember that as a benchmark when you are looking at kids in your clinics that might be a really helpful thing to remember. By the age of 2 they really have 200 words in their vocabulary. There is a real easy tool, is a vocabulary checklist, this is the kind of tool that you could all use in the clinic but it's really helpful to give to parents for a few days and have them check off how many words their child is using. This vocabulary check-list can be used with children who sign as well as children who are verbally communicating. It's really helpful for parents sometimes to just look at the list and say oh they do use that word. We don't always use all the words in our vocabulary but that is probably a quick and easy way to remember, 200 words by their second birthday. A lot of times if I say to a parent how many words does the child have, they kind of give me the look like I don't know. That's where the checklist is really helpful, it's called the RESCOLA receptive vocabulary check list and again it's the kind of thing that you can copy as many times as you need to and give to parents and that's why having the printed words in front of them is really helpful.

A couple of other kind of benchmark things to look for, is that at 2 years old children begin to make little sentences and those sentences should approximate their age so that at 2 years they should be using sentences that are 2 words in length, by 3 years they should be using sentences that are 3 words in length, obviously by 4 they should be using 4 and 5 word sentences.

What about the understandability of those phrases that they are using? Again a couple of easy benchmarks at 2 years old we anticipate that a child's speech is 50% intelligible to an unfamiliar listener. When they come into your clinics you are considered an unfamiliar listener so you should understand about half of what the child is saying. Parents often understand more and interpret and often siblings understand even more and are better interpreters. By 3 years the intelligibility rating goes up to 75% and by 4 years we expect the child is 100% intelligible. That doesn't mean that there aren't some sounds that they pronounce incorrectly but they are intelligible, you understand the words they are trying to say even if their sounds are pronounced incorrectly.

Vicky I find it surprising how late children learn certain sounds.

Children develop sounds all the way through their 8th birthday. This is more true for little boys than for little girls. This is not a sexist comment, there really is research to back that up. Little boys develop their speech sounds, the correctness of them later than little girls do. Difficult sounds are the F, V, R, Th, blend words like BR or BL, some of these develop later for little boys, but R and S are usually the last to develop. Often if you make a referral for a school age child back to their school you may have had some frustrations because schools don't pick them up, because they follow those developmental guidelines and they will wait to see if the sounds will come in. So they don't want to do a lot of speech therapy for a child who has a pretty good probability of their sounds coming in normally.

What about children under 2, are there benchmarks? Under 2 we really look at communication intent, and that is can we figure out what the child is trying to tell you, even with real little babies we notice that children have intention in how they look at us, how they use their eyes to scan their in environment, how they light up in their face when your face comes near them, these are all different kinds of communications. We look for a child under 2, do they have a variety of communication intent, those things would be things like requesting, protesting, acknowledging, greeting, and so are they using, even if it's non verbally, are they using a variety of communication intents. We all know that we often call them the terrible twos when children begin to say no when they are 2 years old. Before that they pushed things away, they turned their heads, their making it very evident that they are telling you no even though they don't tell say the word no, that is communication intent. Babies learn to wave and to smile in greeting, that's communication intent. Babies reach up and grab and wiggle their fingers if they want something or they put their hands up because they want you to pick them up, or they bring you a book because they want you to read to them or they give you the ball because they want you to play with them. We look for a variety of communicative intent and there are about twenty of them and I will be glad to send out the list as a resource. This is where often we see children who have only a couple of intents, they can do a greeting, or they might be able to request

food but we don't see them using the variety of requests in a variety of environment and that would be something we would want to look for.

Stuttering, when does this become an issue and what can be done about it? Stuttering is one of those areas that we always want to evaluate. There is a period of normal non-fluency, again unfortunately our little boys have more trouble with fluent speech than little girls do and little boys in particular have a period of normal non-fluency between the 3rd and the 6th year of life, but we always want to evaluate stuttering even if it's during that normal period because stuttering is one of those things that can go south very quickly, if it's treated inappropriately or not treated at all. What I mean by treated inappropriately is that often very good intentioned people say things like, if you just slow down you'll be able to get it out, and children in that period of normal non-fluency don't even understand that they did anything incorrectly or outside of the norm. The reason we want to evaluate stuttering behavior regardless of the age is that we want to be able to educate care givers, people in the daycare environment, people anywhere the child comes in contact with, the correct way to handle it. Additionally, if it falls outside of the norm, that is the child we actually want to put in to some therapy so that they don't get worse.

What should we look for with autism? The big hallmark for autism are the social language uses. That is, does the child have language use in social context. Often we find children with autism, particularly what we call high level autism or aspergers, have very good language but they don't understand the social rules. They seem a bit awkward, a bit ill at ease in situations. In the very young child we're really going to look for those developmental hallmarks because that is one of the prerequisites in terms of making a diagnosis of autism. A child who would prefer to play by themselves rather than engage in play with another child might be one of those things you want to look for. If you greet a child when you come into a room, even if they don't greet you, do they at least turn to their name and recognize their name and acknowledge that you've come into the room. Isolatory play, a certain play pattern over and over, if they have a book with them are they turning the book, flipping the book, rather than actually looking at the pages in the book. Using a toy in an inappropriate way would be one of those things. With the language hallmarks would be some of those things we've discussed but then also the social language use. Do they understand greetings? A big thing that we look for is the ability to, to be able to show expression and emotion on their face. Often we see with the children with autism don't make eye contact with us, their happy face looks pretty much the same as their sad face, looks pretty much the same as their face when your reading a book to them and you don't see a lot of emotion being displayed on their face either because they don't understand that's a socially appropriate thing to do, they don't know how to express emotion on their face, and if they don't express it on their face then they won't express it in their language either. Those are some of the things we would want to look for.

When the parents say what can I do to help my child learn language, what would be the things to talk about with that family? I cannot overemphasize the importance of reading to children. I want to talk about that for a minute and then I will talk about some other language strategies. Even for a parent who has poor reading abilities can tell a story about pictures in a book that is like reading to a child. This builds vocabulary, it builds syntax regardless of the language, rather Spanish or English or Native American it doesn't matter what language it is. The child begins to understand in their native language the syntax or the sentence structure as it is used, it connects words to pictures in a book where children first connect words to real objects in their life. Reading becomes such an important way to teach language to children. What we often find is that parents sometimes feel their reading is inadequate so therefore they can't read to their child, sometimes we find parents discontinue reading even after their child has developed some knowledge about books and about reading. Again I can't overemphasize how important reading is even in early teen years. You will still be able to read to a child above the level that they are reading at and they can still learn new vocabulary words from you. That would be the first thing that I would encourage. Joint book reading kind of looks like the child in your lap with the book open in front of you, early on the child is not going to sit still for the story so we're going to point out pictures in the book and the child is going to direct the pace early on because they are going to look through the book more quickly than you would like to. When the child gets to 2 the child is again going to direct the reading of the book but they are probably going to want to read it five or six times, just about the time you think you're going to have to bang your head against the wall, you are going to have to read it one more time. I would encourage you to read it to them again because it is a great learning strategy for them. When children are beginning to show you that they have interest in words in the book you can name them, you can take their finger and point to things and when they are doing that in the environment you can do that in the environment as well. If they are pointing to things in the environment you can give them words that they don't yet have in their vocabulary. There's a couple of strategies. The first one we call self-talk, where the parent or caregiver adds words to the things they are doing so the child can learn new vocabulary. If I were making cookies and I had a child in the highchair I would say "baking cookies, get some milk, pour the milk, stir, stir, stir", so you are kind of adding a monologue to everything you are doing during the day so that the child begins to connect your words with the actions that you are doing. So that's the first one and that's called self-talk.

When you do that you are using "mother ease" breaking things down and sometimes parents worry about doing that. Is that okay? Using the sing-song voice is ok to use, it really connects with children, we know that it fires up more neurons than when we are talking to them in an adult voice. The thing we don't want to do is the baby talk thing. Breaking things up into chunks that the child can handle with the sing-song voice is very appropriate.

Another strategy is called parallel talk. This is when you are on the floor with a child and they are playing and they don't have the words to tell you what they are doing, you give words to what they are doing, such as "you have the car, oh pushing the car, cars going fast, you're driving the car", so you give words to the actions of the child. This works in the car if the child is in the car seat in the back and you're at a stop sign and you happen to glance back and you say "you found your bunny, pretty bunny, you're hugging the bunny", these are the strategies that can be done at any time. The longer parents do them the more comfortable they are with them and they get to do them more frequently. Initially even if a parent takes 5 minutes a day to do some of these strategies in a concentrated manner it can really help facilitate language development.

Another strategy is expansion, this is when the child starts to talk. So the 18 month child might have 50 words in their vocabulary and might look at you and have his shoe in his hand and be trying to put it on his foot and struggling with it, you would expand his language, if he says shoe, you would say "yes, shoe, shoe on your foot", so that you say back to him what he says and then expand it into giving it more language. As the child's sentence structure increases as we talked about, 2,3,4 word sentences, always provide a little more expansion just about the level they are currently giving you language at. If he says shoe, you say shoe on or Tommy's shoe on.

Another thing is verbally praising your child, whenever they do say something we want to give them praise for what they said. Because it is a developmental process we know that most of these things are going to be grown into, we want to give them lots of praise when they are giving us language, but we really don't want to correct that. Sometimes we're really eager for them to show what they can do so we ask them a lot of direct questions, but we'd rather not ask direct questions, we'd rather praise the child when they are talking. So when Tommy says shoe, we're saying "good job Tommy, you said shoe", we want to do that kind of thing rather than correcting Tommy. We can emphasize sounds but we don't want to correct it. A lot of praise, not a lot of direct questioning, because we really want them to be encouraged to talk and not feel like what they've given us has a problem with it.

Later in the year we'll talk about resources in terms of where we can refer kids for screening. Can there be problems cause by over-referring to speech therapist? No, because the speech therapist can use the screening tools and do an evaluation, like with stuttering we'd want to get early referrals to help prevent bigger problems down the line. Many referrals come too late. We'd rather see the kids early on so we talk individually with parents about these different techniques, so we can individualize them and personalize them for each family, rather than wait until the child is really far behind.

Does it raise anxiety if we refer a family and the child's language is perfectly fine? Most of the parents are already anxious.

Early Intervention always screens and the services are free. It may take up to 90 days for the process.

Attendees: Lisa Samson-Fang, Barbara Ward, Vicki Simmonsmeier, Grace, Laura, Kathy, Lisa, Diane, Kathy, Val Jones, Kendra Tortalita, Gladina Yanito, Donna, Fred, Lois.

Next conference call: May 23, 2006