

A GUIDE FOR PARENTS OF INFANTS AND TODDLERS

COMMUNICATION DELAYS

One of the most frequent reasons families contact Alaska's Early Intervention/Infant Learning Program (EI/ILP) is when a child's ability to communicate is delayed. A wide variety of conditions can impact communication, including both receptive language (what the child is able to understand), as well as expressive language (what the child is able to tell us). It takes a skilled practitioner to distinguish between a child whose "late talking" is normal and does not require intervention and one whose language development is a cause for concern.

What Is Typical Communication Development?

Young children demonstrate many kinds of nonverbal gestures and social routines before the onset of first words. Typically in young children, the ability to understand language (*receptive skills*) develops before the ability to speak or produce language (*expressive skills*).

The following list of developmental milestones for speech and language acquisition indicates what is considered typical for babies and toddlers in each age range from birth to 36 months:

First 3 Months: Smiles or coos in response to another person, becomes quiet in response to sound, cries differently when tired, hungry or in pain.

3 to 6 Months: Responds to name by looking for a voice, regularly localizes sound source or speaker, coos, gurgles, laughs.

6 to 9 Months: Imitates vocalizing, enjoys reciprocal social games (peek-a-boo), recognizes familiar people, has different vocalizations, repetitive babbling ("bababa," "mama-mama").

9 to 12 Months: Imitates new sounds and actions, indicates requests from and gives objects to adults by patting, pulling, tugging, shakes head "no" or pushes away unwanted objects.

12 to 18 Months: Begin to produce single words, requests objects by clearly pointing or vocalizing, and repeats words.

18 to 24 Months: Use primarily words to communicate, use two-word combinations especially with relational meanings ("more cookie," "daddy shoe"), by 24 months, 50-word vocabulary.

24 to 36 Months: Engage in short dialogues with emotion, begin to provide descriptive details, gets attention vocally ("hey"), able to link unrelated ideas and story elements.

Although there is some normal variation in the rate at which children develop, these milestones are usually first seen sometime during the age range specified. The absence of a behavior starts to become a cause for concern when a child is past the upper limit of the age range when this behavior usually first appears in most children.

Not all children who fail to meet developmental milestones have a communication disorder. If you have concerns about your child's speech and



This parent guide is based on the *Service Delivery Guidelines for Alaska: Communication Delays*. The complete guidelines are available online at earlyintervention.alaska.gov

language development, talk with a health care provider or other professional experienced in evaluating early childhood development.

How are Communication Delays Assessed?

When a communication delay is suspected, a speech-language pathologist or other professional will conduct an evaluation or assessment that typically includes:

- **Audiological exam** –to rule out hearing loss
- **Family history** – of language delays and disorders.
- **Medical history** – any significant birth history or history of otitis media
- **Communication skills** – vocabulary, syntax and semantics.
- **Other ways of communicating** – gestures, sounds, and facial expressions used to communicate.
- **Oral motor skills** – chewing, swallowing, blowing, tongue movement, patterns of speech production (typical or atypical error patterns, intelligibility, child’s apparent frustration).
- **Phonological skills** – intelligibility and stimulability in context of age
- **Symbolic Play** – when child substitutes one object for another (e.g. hairbrush as a microphone) or pretend through other inanimate objects (e.g. a doll feeds another doll).
- **Fluency** – type and frequency of

diffluent speech and child’s awareness of speaking difficulties

What Does Early Intervention for Communication Delays Look Like?

- Communication goals for each individual child should be clearly identified and defined with measurable results and clear markers for mastery. Goals should be linked to the priorities of the family.
- For most children with communication delays, intervention should focus first on increasing the amount, variety, and success of verbal and nonverbal communication and then, if necessary, on intelligibility or articulation.
- The long-term goals for all communication interventions include better functional outcomes, such as expressing basic needs, establishing functional use of language, interacting socially, and acquiring knowledge.
- A child’s progress is facilitated by focusing on communication skills that are appropriate to the child’s particular age or developmental level.
- The intervention approach is modified when goals are achieved, progress is not evident, regression is noted, or when there is an unexpected change in the child’s behavior or environment.
- A comprehensive assessment, including appropriate standardized tests, should be performed at least yearly to compare the child’s progress to age-expected development.

For More Information

Alaska Early Intervention/Infant Learning Program earlyintervention.alaska.gov
(877) HSS-FMLY. (907) 269-8442. TT Relay (800) 770-TYPE

The Hanen Centre: Helping You Help Children Communicate..... www.hanen.org
(877) 426-3655. (416) 921-1073

Communicate with Your Child..... www.communicatewithyourchild.org

American Speech-Language-Hearing Association..... www.asha.org/public
(800) 638-8255. TTY (301) 296-5650