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Early Identification of Speech-Language Delays and Disorders

American Speech-Language-Hearing Association

Let's Talk... No. 32

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Why is speech-language treatment needed?

- My baby doesn't talk yet!
- That's just "baby-talk." I'm sure my child will outgrow it.
- Everyone in our family was a late talker. My child will talk when the time is right.
- Why worry now? Speech and language services will be available when school starts.
- Treatment? Looks like they are just playing games to me.

You may have had similar thoughts or comments. Usually, there is concern about a child's speech and language skills if there is no speech by the age of 1 year, if speech is not clear, or if speech or language is different from that of other children of the same age.

What is Early Identification?

It is estimated that 2% of all children born each year will have a disabling condition. Many of these children will have speech and or language delays and disorders that may have a significant effect on personal, social, academic, or vocational life. Although some children will develop normal speech and language skills without treatment by the time they enter school, it is important to identify those who will not.

Many people falsely believe that speech-language treatment cannot and should not begin until a child begins to talk. Yet research has shown that children know a great deal about their language even before the first word is said. For example, children can distinguish between their native language and a foreign language, use different nonverbal utterances to express different needs, and imitate different patterns of speech through babbling.

Early identification includes the evaluation and treatment provided to families and their children under 3 years old who have, or are at risk for having, a disability, or delay in speech, language or hearing. A child can quickly fall behind if speech and language learning is delayed. Early identification increases the chances for improving communication skills.

Who Should be Evaluated?

Children identified as at-risk or high-risk, such as those from neonatal intensive care (NICU) units, should be tested early and at regular intervals. Other risk factors include diagnosed medical conditions, for example, chronic ear infections; biological factors, for example, Fetal Alcohol Syndrome; genetic defects, for example Down syndrome; neurological defects, for example, cerebral palsy; or developmental disorders, for example, delayed language.

Children with no high-risk features should be evaluated if their speech and language is not similar to other children of the same age.

How is the Evaluation Done?

Evaluation may be formal or informal and include any combination of standardized tests; direct observation of play and interaction with caregivers; report by parent, teacher, or physician; and collection and detailed analysis of spontaneous speech samples.

Several sessions as well as ongoing evaluation may be required to obtain enough information to make an accurate diagnosis.

The early identification team may consist of the speech-language pathologist, audiologist, psychologist, neurologist, electrophysiologist, otolaryngologist, pediatrician, nurse, and social worker. Because speech-language delays and disorders may be due to a variety of causes, each professional makes valuable contributions to the evaluation.

What is Speech-Language Treatment?

From the results of the evaluation, certain services may be recommended. Prevention includes those children who have been identified as at-risk, for example, due to low birthweight, for a communication delay or disorder.

Services are provided before a specific diagnosis has been made. Remediation increases function in areas identified as delayed or disabling and may serve to prevent other related problems. For example, remediation of a language disorder can help to offset learning difficulties. Compensation enables the child and the family to make adjustments for limitations, as in some cases of cerebral palsy.

Language is taught in a natural setting. It is presented at the child's developmental level; responses are consistently stimulated; and output is rewarded. Play may be used to teach communication, language models or rules of conversation, such as turn taking.

Feeding and swallowing treatment may be needed to sustain life. It can also be used to encourage speech-like movements, stimulate sound production, or increase the child's awareness of speech movements.

If you are concerned about a possible speech-language delay or disability, consult a speech-language pathologist. A list of certified speech-language pathologists in your area may be obtained by calling the American Speech-Language-Hearing Association's (ASHA) toll-free HELPLINE at 1-800-638- 8255.

Related Information from ASHA:

How Does Your Child Hear and Talk?

Lets Talk 13: "Former Surgeon General Advocates Early ID of Hearing Loss"

Lets Talk 26: "The Family and the Service Coordinator/Family-Centered Care"

Questions For Consumers to Ask

- Are all of your speech-language pathologists and audiologists certified and licensed?
- What age groups do you work with?
- Do you work primarily with particular speech, language, or hearing disorders? What are they?
- How soon can I be seen for an evaluation?
- Once I am evaluated, is there a waiting list for treatment? If so, how long is it?
- Do I need to be referred to your program by a particular source such as a community agency?
- Once I have been evaluated, will you be able to anticipate the amount of time needed to treat my problem?
- How much do you charge?
- Will my insurance pay for the evaluation for some or all of the treatment?
- If you cannot work with me, who would you suggest I contact?

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