

Early Intervention for Children Birth to Three

When parents/caregivers begin to notice that their child does not have as many words as their peers, they sometimes worry and wonder what they can do to help. The child might be six- months delayed, one-year delayed, or even more. A speech-language pathologist can provide helpful suggestions to parents and caregivers on how to help a child gain language during everyday activities in his natural environment. Children with a language delay need to be shown that using words is an effective way to communicate with those around them. These children need to learn that words are meaningful and empowering. Children with a language delay will sometimes show frustration by crying, biting, throwing temper tantrums, etc. These forms of frustration will diffuse once they understand that using language is an effective way of communicating.

A typically developing child first acquires single words between the ages of 12 to 18 months. Between 18 and 24 months of age, two-word combinations emerge. Some examples of words and phrases that may be used at this age level are “no”, “more”, “mine”, “want up”, “that’s mine”, “all gone.” Children may use two- to three-word utterances by the age of 24 months. Examples of phrases at this age may include those with negation such as, “not go”, “no want.” At the age of 36 months, children may begin to expand upon simple sentences and ask questions. The average length of these sentences is approximately three to four words.

There are two components of language, expressive and receptive. Expressive language refers to the child’s ability to verbally express his needs, wants, feelings, etc. Receptive language is the ability to understand language. For example, following a one-step direction and pointing to a picture upon request are demonstrations of receptive language skills. At 12 months of age, a child recognizes his name and understands “no.” At 18 months of age, a child may recognize pictures of family members and objects. The child may also understand the concepts of “in” and “out.” At 24 months of age, a child understands simple questions and commands. A child who is 36 months of age is able to follow simple directions and understands basic location concepts of “under,” “in front of,” and “behind.”

Typically, a child will have approximately 3 to 20 words by 18 months, and 50 words by 24 months. If a child does not reach these milestones on time, the parents may want to discuss with the pediatrician regarding an evaluation by a speech and language pathologist. A speech and language evaluation will determine if the child’s speech, expressive language, and receptive language skills are at age level or below age level. If the child demonstrates below-age-level skills in any area, intervention may be needed. Intervention would include the parents/caregivers learning ways to stimulate and encourage the child’s speech and language. One way to stimulate the learning of new words is by describing in short and simple sentences what the parent/caregiver is doing in front of the child. If the parent/caregiver is pouring juice for the child, one might say “get cup”, “get juice”, “juice in cup”, and “give cup to you”. Another way of stimulating language is by describing what the child is doing using short, simple sentences. If the child is looking at other children at the park, describe what the child is seeing and hearing

(e.g. “girl on swing”, “boy on slide”, “birds are singing”, etc.). When reading a book, provide the child with time to point to and label pictures, point to pictures and label the items that the child does not label, or have the child point to the different parts of the picture (e.g. “Show me the...”).

A speech-language pathologist can also teach parents/caregivers how to expand, imitate and model words, phrases and sentences for the child. Expanding is completing the child’s phrase (i.e., Child says, ”juice” and parent/caregiver says “You want juice.”). Imitating is repeating what the child says stressing correct and incorrect sounds (i.e., Child says, “baba” and parent/caregiver says “bottle”). When imitating the child’s speech and language, it is important that the child is not forced to repeat after you. Modeling is adding new information to his utterances (i.e., Child says, “Car go.” Parent/caregiver says, “The car is going. Bye-bye car.”).

Children copy speakers in their environment whether it is a sibling, peer, parent or caregiver. The following are suggestions that can help a child with a language delay. Associate language with enjoyable activities and experiences that will create a positive attitude and environment for the child to learn. Narrate everyday activities such as taking a bath, dressing time, and mealtime. Parents and caregivers should look at the child when he is talking. Talk clearly and slowly and use words to label items in his environment. Some activities that stimulate speech and language development are reading, going to the park, taking a walk, and going grocery shopping. The parent/caregiver should talk with the child about the activity before it happens, during, and after the activity.

Speech-language pathologists and parents/caregivers, together, can help the child to learn new words, understand the meaning of these new words, and use these words in a meaningful way. The child will begin to develop relationships with those around him using his newfound form of communication.

Center for Speech and Language Pathology