

Speech Pathology

Casenotes....

IS YOUR CHILD SLOW TO START TALKING ?

In this edition, we present the case of a two year old girl called Lisa. Lisa's parents reported that Lisa was born at full term with no complications. Lisa experienced some difficulties with breast feeding and was diagnosed as having low muscle tone on the left side of her mouth. Her feeding difficulties resolved and her physical and motor development were fine.

Mum's Concern:

Lisa's mum was concerned because Lisa only used a few single words. She seemed to want to communicate, but had a much smaller vocabulary than the other children in her child care group. She was only using about five words, and was nowhere near ready to combine two words together like her peers. Lisa's mum was also concerned about Lisa's behaviour which seemed to be getting worse by the day.

Assessment:

Assessment revealed that Lisa's play skills were well above average for her age. Her comprehension of spoken language was at the level of a 3 ½ year old. These two factors indicated that Lisa was a very bright young child.

Lisa only had six single words in her vocabulary, but she wanted to communicate and used lots of sounds and sound combinations. Few of these sound combinations were close to English words. Lisa had problems controlling saliva. She dribbled excessively from the left side of her mouth.

The Problem:

Lisa's difficulties were two fold. Lisa's excessive dribbling from the left side of her mouth indicated that she still had some low muscle tone around her lips. This low muscle tone was making it difficult for her to sequence the sounds together to make words. It also meant that she dribbled constantly.

Lisa's parents knew that she was extremely bright and they used very long and complex sentences when they spoke to her. This made it hard for Lisa to get a clear model of sounds and words to copy. Lisa was trying to copy the complex language of her parents, but the muscles of her mouth were not ready to sequence complex patterns of sounds.

Lisa's behaviour was a result of the frustration she experienced when she tried to express her thoughts and wants but didn't have the language to make people understand her. Children who are slow to develop spoken language often demonstrate this frustration behaviour.

What to do:

Lisa attended weekly therapy. The focus of this was to improve the tone of the muscles of her lips and tongue and to raise her awareness and control of the dribbling.

Lisa's parents were taught language stimulation strategies to use at home. These included using more simple and clear spoken language, so that Lisa had more chance of copying their words.

Direct language stimulation activities were done in therapy.

Lisa is now 2 years 5 months and her expressive language is within the normal range. She is combining two words together easily and has begun to form some three word sentences. Her saliva control has improved to the point where she only requires occasional reminders to put her "lips together and swallow" or "wipe her chin".

Lisa's behaviour has also improved dramatically now that she can communicate her wants, needs and thoughts.

There are many reasons why some young children are slow to develop spoken language. However, formative data tells us that children should have a vocabulary of about 200 words by age two years and they should be combining



two words together. It is vital that children are assessed as early as possible so that treatment can commence immediately. This helps to prevent any long term effects of the spoken language delay and it often reduces frustration related behaviours.