

INTRODUCTION TO SPEECH AND LANGUAGE THERAPY DEPARTMENT OF RISING SUN INSTITUTE:

Speech and language therapy department is an integral part of Rising Sun Institute For Special Children, founded in 1984 by Prof. Dr and Mrs Abdul Tawab Khan. Speech and Language therapy department deals with children with speech and language problems. Children who develop normally master the fundamentals of language and speech in the toddler-preschool years. Language and speech skills serve an important role in learning and social relationships. Delays in the early development of language and speech skills will affect several domains of function. Management of language and speech can improve language and speech skills. Therefore, identifying children who have language and speech delays in the toddler-preschool period should be a priority for the parents.

What is Language?

Defined by Richard Nordquist (2017), Language is a human system of communication that uses arbitrary signals, such as voice sounds, gestures, and/or written symbols.

What is receptive Language?

Mysti S. Frazier, (2011) defined receptive language is the ability to accurately comprehend what is said, written, or signed by others.

What is expressive language?

“Expressive language is the use of words, sentences, gestures and writing to convey meaning and messages to others” (Kids Sense, 2017).

What is Speech?

Speech is the verbal means of communicating (ASHA, 2017). Speech entails of the following:

- **Articulation**
How various sounds in speech are produced (e.g., a child must acquire the skills of how to produce the "s" sound in order to say "spoon" instead of "poon").
- **Voice**

Use of the vocal folds and breathing to produce sound (e.g., the voice can be abused from overuse or misuse and can lead to hoarseness or loss of voice).

- **Fluency**

The rhythm of speech (e.g., hesitations or stuttering can affect fluency).

What is the difference between speech and language difficulties?

Trouble producing different sounds result in Speech difficulties. This could be due to physical problems such as cerebral palsy or cleft palate or due to the child learning a sound incorrectly. A child with language difficulties on the other hand has trouble understanding how others communicate with him or has trouble communicating his own thoughts and ideas. They can also have trouble following directions and using complete grammatical correct sentences. Also participating in conversation or social interactions with others.

TYPICAL DEVELOPMENTAL MILESTONES OF LANGUAGE AND SPEECH:

AGE	RECEPTIVE SKILLS	EXPRESSIVE SKILLS
Birth	Turns to source of sound	Cries
	Shows preference for voices	
	Shows interest in faces	
2 to 4 months		Coos
		Takes turns cooing
6 months	Responds to name	Babbles
9 months	Understands verbal routines (wave bye-bye)	Points
		Says ma-ma, da-da
12 months	Follows a verbal command	Uses jargon
		Says first words
15 months	Points to body parts by name	Learns words slowly
18 to 24 months	Understands sentences	Learns words quickly
		Uses two-word phrases
24 to 36 months	Answers questions	Phrases 50% intelligible
	Follows two-step commands	Builds three- (or more) word sentences

		Asks “what” questions
36 to 48 months	Understands much of what is said	Asks “why” questions
		Sentences 75% intelligible
		Masters the early acquired speech sounds: m, b, y, n, w, d, p, and h
48 to 60 months	Understands much of what is said, commensurate with cognitive level	Creates well-formed sentences
		Tells stories
		100% intelligible
6 years		Pronounces most speech sounds correctly; may have difficulty with sh, th as in think, s, z, th as in the, l, r, and the s in treasure
7 years		Pronounces speech sounds correctly, including consonant blends such as sp, tr, bl

DETECTION OF LANGUAGE AND SPEECH DELAYS:

AGE	FINDING
Birth and at any age	Lack of response to sound
	Lack of interest in interaction with people
4 months	Lack of any drive to communicate
6 to 9 months	Loss of the early ability to coo or babble
	Poor sound localization or lack of responsiveness

12 months	No verbal routines
	Failure to use ma-ma or da-da
	Loss of previous language or social milestones
15 to 18 months	No single words
	Poor understanding of language
24 months	Vocabulary less than 50 words
	No two-word phrases
	Less than 50% of speech intelligible to strangers
36 months	Rote memorization of words or phrases
	Frequent immediate or delayed repetition of others' speech
	Flat or stilted intonation
	More than 75% of speech unintelligible to strangers
48 months	Inability to participate in conversation
	Stuttering of initial sounds or parts of words
6 to 7 years	Immature or inaccurate speech sound production

COMMON SPEECH AND LANGUAGE DISORDERS:

Significant delays in language and speech development can result from **Hearing Loss, Global Developmental Delay, Autism, Specific Language Impairment, Cerebral Palsy, Down's Syndrome and Intellectual Impairment.** Hearing loss can be suspected based on the pattern of the child's understanding and production of speech sounds or language and speech delay. Global developmental delay can be suspected on the basis of other delays in cognitive or motor skills. If such developmental findings persist into school age, the child needs speech and language therapy.

Autistic disorder should be suspected when language is not only delayed but also is , different in terms of vocabulary, grammar, or communicative pattern from the language of typical development of younger children. Language impairment can be suspected when language skills are lower than other cognitive abilities and can also affect only expressive language or both receptive and expressive language

EVALUATION OF THE CHILDREN WITH LANGUAGE AND SPEECH DELAYS:

Children presenting with language delay should get a full audio-logical assessment, using the assessment techniques that are appropriate for the child's age. Children who have normal hearing and indications of impairments of cognitive or social skills should get a comprehensive developmental assessment. Early intervention program for children from birth to 3 years of age can provide an assessment of the child's level of functioning in each developmental domain. Children who otherwise seem to be progressing normally can be referred to a speech-language pathologist for verification of the degree and nature of language or speech delay as well as recommendations for the frequency and type of treatment. The treatment of stuttering falls to the speech-language pathologist. Children who have language or speech delays in addition to other developmental delays or specific genetic or neurologic conditions also can benefit from the speech-language pathologist's evaluation. Early intervention programs includes a speech-language pathologist on the evaluation team.

SPEECH AND LANGUAGE MANAGEMENT:

General Management Strategies

Children with speech and language problems are assessed and IEPs according to their individual needs are made. **Early intervention** plays an integral role in the development of language and speech delays. Individualized plans are developed for children with Autism, Cerebral Palsy, Intellectual Impairment and Down's Syndrome after the assessment. Consistent benefits of early intervention and its effectiveness is shown in the children.

PROGNOSIS:

Early and appropriately treated Language and speech disorders and delays, usually progress over time.

CONCLUSION

Children who have genetic, chromosomal, or neurologic disorders require evaluation and treatment appropriate to the underlying condition. Children who have language and speech disorders need speech and language therapy sessions according to their need.

References:

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