

Emerge



Recognizing Speech and Language Disorders



Bonnie Hacker, OT
Founder / Director

A Child's Place

April 2010

Occupational Therapy
Speech Therapy

Chapel Hill Office

205 Sage Rd, Ste 203
Chapel Hill, NC 27514
Phone: (919) 928-0204
Fax: (919) 928-9423

Durham Office

2919 Colony Rd
Durham, NC 27705
Phone: (919) 489-7333
Fax: (919) 489-0504

Serving children from
birth to 14 years old

Using therapy to improve conditions such as:

Delayed Speech
Developmental Coordination
Disorder
Speech Impairments
Non-communicative Speech
Oral/Verbal Apraxia
Language Disorders
Feeding Difficulties
Autism/Asperger's/PDD
Developmental Delay
Cerebral Palsy
Sensory Integration
Disorders
Sensory Modulation
Disorders
Handwriting Impairments
Fine & Gross Motor Delays

A Private, Independent
Provider

www.EmergeAChildsPlace.com

Speech and language disorders rank as the most common category of childhood disability. They affect 1 in 12 children (5% to 8%).¹ Left untreated, speech and language delay in children younger than 5 has shown variable persistence rates with most studies reporting 40% to 60%.² As these difficulties persist into adolescence and adulthood, they have been connected with reading difficulties, higher high school dropout rates, social problems, behavioral challenges, and mental health problems.³⁻¹¹ Speech therapy has repeatedly been shown to normalize or move towards normal the abilities of children with primary impairments of speech and language.¹²⁻¹⁵ By identifying these impairments in young children and by telling parents about the speech therapy services of Emerge, you can improve the odds for your pediatric patients.



When you suspect speech and language disorders with your patients, our pediatric speech therapists can provide a comprehensive evaluation, parent training, and subsequent therapy as needed. It is important that parents understand that speech therapy is not a quick fix for primary speech and language disorders. Emerge therapists will use proven techniques for teaching and training your pediatric patients regarding skills that develop more effortlessly for other children. The children at Emerge perceive the sessions as play, but it is a process of learning and practicing that takes time. For optimal results, children often require therapy sessions more than once per week over 52 weeks or more. Look for these milestones in the development of speech and language skills of very young children.

Consider referring to Emerge a child who:

12 – 15 Months:

- Is not using exclamatory expressions such as "Oh-oh," "No-no," or "Ta-da"
- Is not experimenting with language during play
- Is not using "no" meaningfully

18 – 24 Months:

- Is not making 2 word sentences
- Is not using intelligible words
- Cannot imitate 2 word phrases

32 – 36 Months:

- Is not responding to direct questions
- Is not speaking in complete sentences
- Is not attempting to use plural nouns

15 – 18 Months:

- Cannot use 5-10 words spontaneously
- Is not attempting to sing songs
- Does not use language to communicate needs
- Is not jabbering tunelessly during play

24 – 32 Months:

- Is not attempting past tense sentences like "She jumped."
- Is expressing frustration at not being understood
- Is not imitating and experimenting with words

If your practice would like assistance implementing routine screening, call Emerge for help.

Integrating Occupational and Speech Therapy



Among children with motor problems, the prevalence of subtle speech and language disorders is high, and the converse is also true. Emerge provides a more comprehensive pediatric therapy approach by integrating services from both occupational therapists and speech therapists.

**Please tell parents about Emerge – A Child's Place
Believing in a Child's Potential to Flourish**

References

1. US Preventive Services Task Force. Screening for speech and language delay in preschool children: Recommendation statement. *Pediatrics*. 2006; 117: 497-501.
2. Nelson, HD, Nygren P, Walker M, Panoscha R. *Screening for Speech and Language Delay in Preschool Children*, Evidence Synthesis No. 41. Rockville, MD: Agency for Healthcare Research and Quality. February 2006. (Prepared by the Oregon Evidence-based Practice Center under Contract No. 290-02-0024.) Available at: <http://www.ahrq.gov/clinic/uspstfix.htm>.
3. Boudreau DM, Hedberg NL. A comparison of early literacy skills in children with specific language impairment and their typically developing peers. *Am J Speech-Lang Pathol*. 1999;8:249-260.
4. Shonkoff JP, Phillips DA. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC: National Academies Press; 2000.
5. Bishop D, Adams C. A prospective study of the relationship between specific language impairment, phonology and reading retardation. *Journal of Child Psychology and Psychiatry* 1990; 31: 1027-50.
6. Catts HW. The relationship between speech-language impairments and reading disabilities. *Journal of Speech and Hearing Research* 1993; 36: 948-958.
7. Tallal P, Allard L, Miller S, Curtis S. Academic outcomes of language impaired children. In: Hulme C, Snowling M, editors. *Dyslexia: Biology, Cognition and Intervention*. London: Whurr, 1997.
8. Baker L, Cantwell DP. A prospective psychiatric follow-up of children with speech/language disorders. *Journal of the American Academy of Child and Adolescent Psychiatry* 1987; 26: 546-53.
9. Rice ML, Sell MA, Hadley PA. Social interactions of speech and language impaired children. *Journal of Speech and Hearing Research* 1991; 34: 1299-1307.
10. Cohen NJ, Vallance DD, Barwick M, et al. The interface between ADHD and language impairment: an examination of language, achievement and cognitive processing. *Journal of Child Psychology and Psychiatry* 2000; 41: 353-62.
11. Stothard SE, Snowling MJ, Bishop DVM, et al. Language-impaired preschoolers: a follow-up into adolescence. *Journal of Speech, Language and Hearing Research* 1998; 41: 407-18.
12. Nelson, HD, Nygren P, Walker M, Panoscha R. Screening for Speech and Language Delay in Preschool Children: systematic evidence review for the US Preventive Services Task Force. *Pediatrics* 2006;117(2):e298-e319.
13. Nye C, Foster SH, Seaman D. Effectiveness of language intervention with language/learning disabled children. *Journal of Speech and Hearing Disorders* 1987; 52: 348-357.
14. Law J, Boyle J, Harris F, et al. Screening for speech and language delay: a systematic review of the literature. *Health Technology Assessment* 1998; 2(9).
15. Gibbard D. Parental-based intervention with pre-school language-delayed children (Study 2). *European Journal of Disorders of Communication* 1994; 29: 131-150.