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Typical Speech and Language Acquisition in Infants and Young Children

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Language

Innate and learned

Language is partly innate and partly learned, as children interact with other people and the environment.

The symbolisation of thought

Language has been called the symbolisation of thought. It is a learned code, or system of rules that enables us to communicate our ideas and to express our wants and needs. Reading, writing, gesturing and speaking are all forms of language.

Language falls into two main divisions:

- receptive language: understanding what is said, written or signed;
- expressive language: speaking, writing or signing.

Pragmatic skills

Pragmatic skills (index.php?

<u>option=com_content&view=article&id=103:spd&catid=11:admin&Itemid=117</u>) begin to develop in the early weeks of life, with tiny babies "turn taking", and initiating communicative interchanges, and "talking" (non-verbally, of course) to their caregivers.

Pragmatic skills include:

Language Learning

How is language learned?

Whether they speak early or late, are learning one language or more, are learning to talk along typical lines or are experiencing difficulties, the language acquisition of all children occurs *gradually* through interaction with people and the environment.

Your role in language learning

Maybe you are a couple raising your baby, or you might be a sole parent or caregiver. Whatever your family structure, you are the most 'significant other' your baby interacts with communicatively. The way you engage with him or her will determine the path that language development takes in the vital first five years.

Be natural

Enjoy this exciting period in your child's development. Talk in a natural way about what he or she is doing, seeing and hearing. *Listen* to the sounds, and later the words he or she says, and *respond*, so that your child knows you are listening. Read stories together from an early age, and make communicating fun and interesting.

Progress should be steady

Children learn at different rates. Some are fast language learners and some are slow, so it is best not to compare one child's language development with another's. The important thing to watch is that language development proceeds *steadily*, not whether it is fast or elevelopment

- knowing that you are expected to answer when a question has been asked;
- being able to participate in a conversation by taking it in turns with the other speaker;
- the ability to notice and respond to the non-verbal aspects of language;
- awareness that you have to introduce a topic of conversation in order for the listener to fully understand;
- knowing which words or what sort of sentence-type to use when initiating a conversation or responding to something another person has said;
- the ability to maintain a topic;
- the ability to maintain appropriate eye contact, with not too much staring, and not too much looking away during a conversation;
- the ability to distinguish how to talk and behave towards different communicative partners.

A rough guide to development

- Expect first words between 12 and 18 months. There will probably be a "spurt" of language development before 2 years.
- Anticipate hearing 4 to 5 word sentences by 4 years.
- Grammar should be correct most of the time by 4 years.
- "Other people" will understand almost everything your child says by the time he or she is 4!. Isn't that amazing?

Late talkers

- For some time developmental specialists have used the general rule-of-thumb that 'late talkers' have a spoken vocabulary of fewer than 50 words on their 2nd birthday. Recent studies suggest this estimate is on the conservative side. It is probably better for parents to err on the side of caution and seek the professional opinion of an SLP/SLT if their toddler has fewer than 50 words between 18 and 24 months.
- Late talking may signal speech and language difficulties that fall in the clinical range.
- This does not mean that the 50 words will be pronounced perfectly two year olds are supposed to talk baby talk!

whether it is fast or slow.

Language Milestones

Ages and Stages (index.php?

option=com_content&view=article&id=34:ages&catid=11:admin&Itemid=117) charts

for speech and language development and speech intelligibility criteria can be worrying if they are interpreted too rigidly. Remember that children vary quite considerably with regard to the rate at which they reach the various speech and language 'milestones'. So there is no need to put out an SOS for a speech pathologist if your child does not do the things itemised at precisely the ages stated! When you see language ages and stages and read an age like '12 months' say to yourself, 'twelve months or so'.

The first three years

By 12 months (or so!) most children have one or two words that they say with meaning and can comply with simple requests (e.g., 'Can I have your cup?') or commands (e.g., "Don't touch!") and understand little questions (e.g., 'Where's your tummy?').

By 2 to 3 years of age your child should be able to follow two-part instructions ('Get your teddy and put it on the chair') and string two or three words together to talk about and ask for things.

More detailed information

You might be interested to read the section here about <u>Brown's Stages (index.php?</u> <u>option=com_content&view=article&id=33:brown&catid=2:uncategorised&Itemid=117)</u>. It provides an account of the development of the first 'sentences' children say, and the grammatical rules (morphemes) they apply. There is also information on this site

Child-like speech

This may sound strange, but expect your child's speech to be child-like.

This is normal...

ALL children sometimes misunderstand what is said to them, utter oddly worded sentences, and put speech sounds and syllables in the wrong spots (or omit them) when they are learning to talk.

...and this is not

• STUTTERING

Stuttering (index.php?

<u>option=com_content&view=article&id=101:stuttering&catid=11:admin&Itemid=117</u>) is not a normal part of learning to talk (though a LITTLE "normal non-fluency" is);

• HOARSENESS

Children's voices (index.php?

<u>option=com_content&view=article&id=102:childnodules&catid=11:admin&Itemid=117</u>) should not be hoarse unless they have an upper respiratory tract infection such as a cold;

• DISINTEREST IN COMMUNICATING

If children are disinterested in communicating with other people, have poor eyecontact and are aloof with people outside the family, or usually respond to what you say by echoing all or part of it back to you word-for-word, their communication skills should be assessed. Expect your child, even if he or she is sometimes shy, to be communicative and sociable.

Language experts

If your child is a late talker (see above) or you are concerned about your child's language progress seek an assessment from an <u>SLP/SLT (index.php?</u>

option=com_content&view=article&id=114:findslpslt&catid=11:admin&Itemid=122).

Trust YOUR judgment

You might be advised by a kindly friend, relative or "non-SLP" professional that your child is too young

for an assessment or to "Leave it for six months" (before seeking an assessment). This may not be appropriate advice. Most parents know instinctively if all is not well with their own child's development.

Follow your instincts!



about the way SLPs <u>collect and analyse (http://www.speech-language-</u> <u>therapy.com/index.php?option=com_content&view=article&id=93</u>) small children's language samples.

If progress seems too slow

If 'first words' have not emerged by 18 months make a concerted effort to spend half an hour a day just playing and interacting one-to-one with your baby. This can be difficult to organise in larger families, but it often does the trick! How to set these times up and maximise their usefulness can be discussed with an SLP/SLT, who may suggest and demonstrate various activities.

When to seek help

Even though they are concerned that their child's speech and language development may be unusual or slower than normal, people may hesitate to seek the professional advice of a speech-language pathologist. Sometimes this is because they are advised against it by reassuring friends, family and others. But sometimes it is because they think the child is too young to 'be assessed'.

The fact is, babies or toddlers are never too young for a communication skills assessment. Speech-Language Pathologists (SLPs) see children from infancy.

The very very young clients SLPs include on their caseloads may have cleft palate, hearing impairment, developmental disability (for example, Down Syndrome) or they may have been identified early as being "at risk", unduly silent, withdrawn or unresponsive to the communicative attempts of others. Or they may simply be late talkers. The *right* time to seek <u>SLP/SLT help (index.php?</u>

<u>option=com_content&view=article&id=114:findslpslt&catid=11:admin&Itemid=122)</u> is when *you*, as a parent, are concerned.



Speech development

Many researchers have studied children's acquisition of individual speech sounds (phonetic development, also often referred to as articulation development), and the way they organise these sounds into speech patterns (phonemic or phonological development).

Drawing on this vast and varied body of research, Dr Sharynne McLeod of Charles Sturt University in Australia and Dr Kenneth Bleile of the Universityof Northern Iowa compiled an <u>overview of typical speech development</u>

<u>(pdf/docs/ASHA03McLeodBleile.pdf)</u> from a researchers around the world, working from a variety of theoretical perspectives.

Children's speech does not sound like adult speech because they make typical, systematic child-like 'sound replacements'. These sound replacements are called phonological processes by some researchers and phonological patterns by others.

Intelligibility, Phones and Phonemes

Speech development can be considered in terms of:

- Intelligibility (<u>Table 1 (index.php?</u> <u>option=com_content&view=article&id=29:admin&catid=11:admin&Itemid=119)</u>)
 Speech clarity
- Phonetic (articulation) development (<u>Table 4 (index.php?</u>

SLPs and SLTs

Speech-Langage Pathologists (SLPs) / Speech and Language Therapists (SLTs) are the only professionals uniquely qualified to assess, diagnose and treat communication disorders.

Speech and language professional are called by different names in different parts of the world. For example:

Australia Speech Pathologist Canada Speech-Language Pathologist France Orthophoniste French Canada Orthophoniste New Zealand Speech-Language Therapist South Africa Speech Language Therapist UK Speech and Language Therapist US Speech-Language Pathologist

Not all SLPs/SLTs see children, and not all SLPs/SLTs who do see children assess and manage every childhood communication disorder. Some SLPs/SLTs specialise in particular areas, and some are generalists.

Qualifications

- <u>option=com_content&view=article&id=32:table4&catid=11:admin&Itemid=119)</u>) The ability to pronounce speech sounds or 'phones'
- Phonemic (phonological) development (<u>Table 3 (index.php?</u> <u>option=com_content&view=article&id=31:table3&catid=11:admin&Itemid=117)</u>) The organisation of the speech sounds into a system of adult-like sound contrasts.

Phonological processes

Some of the phonological processes, and the ages by which they normally disappear from a child's speech are summarised in Table 3. The following examples of phonological processes provide a general rule of thumb.

The phonological process called context sensitive voicing e.g., cup = gup has usually disappeared from a child's speech sound system by three years of age (3;0).Similarly, the phonological process called word final devoicing e.g., bed = bet has normally gone by 3;0. A few months later by 3;3 (that's three years 3 months) final consonant deletion, e.g., boat = bow generally vanishes. The phonological process of velar fronting e.g., car = tar persists until about 3;6 in many children. Consonant harmony e.g., kittycat = tittytat, continues until close to 3;9, by which age it has normally vanished.

Weak syllable deletion e.g., elephant = effant is common up to the age of 4;0, as is cluster reduction e.g., spoon = boon. Gliding of liquids e.g., leg = weg normally disappears by 5;0. Stopping of 'f' e.g., fish = tish, and Stopping of 's' e.g., say = tay go by 3;0. Stopping of 'z' e.g., peas = pead often persists until 3.6. Stopping of 'sh' (shop = dop), Stopping of 'j' (Jack = dack) and Stopping of 'ch' (chin = tin) are eliminated by 4;6. Stopping of 'th' (this = dis, that = dat) can go on until 5;0.

This information is displayed in <u>Table 3 (index.php?</u> <u>option=com_content&view=article&id=31:table3&catid=11:admin&Itemid=117)</u>. If you are in Australia, consult a certified practising member (CPSP) of <u>Speech</u> <u>Pathology Australia (http://www.speechpathologyaustralia.org.au/)</u>. United States and Cananda residents should look at the <u>ASHA (http://www.asha.org/)</u> site where there is an <u>Online Directory (http://www.asha.org/proserv/)</u> of SLPs and Audiologists. The <u>Canadian (http://www.sac-oac.ca/)</u> site has a 'find a practioner' page. In the United Kingdom <u>ASLTIP (http://www.helpwithtalking.com/)</u> has a searchable database of Speech and Language Therapists in private (independent) practice.

If you are somewhere else in the world, and you are uncertain about a practitioner's qualifications, check with the professional association for Speech-Language Pathologists/Speech and Language Therapists in your country, or the country where the practitioner says they gained their qualifications. Most of these sites contain a description of the criteria for membership of their associations.

The links to Associations on the <u>SLP START PAGE (index.php?</u> <u>option=com_content&view=article&id=3&Itemid=108)</u> connect you to bona fide professional associations.

You are the expert

Rely on your own judgment. If you think your child has a problem in the area of communication skills don't hesitate to seek proper professional help. Don't be diverted by well-meaning people who are overly reassuring. Remember, you are the best expert on your own child's development and progress.

Early identification of communication difficulties in children can prevent other problems developing, such as difficult behaviour, learning difficulties (especially with reading and spelling) and problems relating to and getting along with other people.

<u>Videos of children with typical speech and language development (http://speech-language-therapy.com/index.php?</u> <u>option=com_content&view=article&id=145:baby&catid=8:cpd&Itemid=108)</u>

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