Articles to Enhance Parent Involvement In Language Learning

A variety of topics on how to improve the communication environment of children from infancy to adolescence, written especially for parents of children who have communication disorders or who are at risk for having communication disorders.
The Purpose

- Understand the nature and etiology of speech and language disorders
- Recognize the impact of communication disorders
- Assist in the treatment process through immediately usable suggestions
- To be used as part of evaluation, treatment, or consultation programs
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Speech and Language Evaluation and Therapy Processes

- **Speech**: refers to the physical aspects of communicating a message. Includes articulation, voice, and fluency.
- **Language**: refers to the rule-governed symbol system people use to communicate thoughts and feelings. Includes content, form, and use.
- **Speech-language pathologists** provide evaluations to determine the presence of speech/language communication disorders.
Children who meet selected criteria may be enrolled in speech/language therapy.

All states provide school-based services to eligible children. Some states provide services to preschool students as well.

Length/frequency/duration of treatment are based on a child’s individual needs.

Parents are important partners in a child’s speech/language therapy program.
Developmental Sequences

- Language Development: Encompasses words and their meanings, the combination of words to produce understandable sentences, and the use of words, sentences, and gestures to communicate with others.

- Speech Development: A gradual process that begins in infancy and continues through a child’s 7th or 8th year. “Speech” is made up of combinations of sounds that form words. Children develop speech abilities at different rates and ages.
Developmental Sequences Cont.

- Cognitive Development: The growth of thinking skills from experiences with people, objects and events. In the first five years of life children develop cognitive or thinking abilities which form the foundations for learning for the rest of their lives.
Early Learning

- Early learning refers to the language learned between birth and age three.
- Parents and caregivers should talk to/handle their babies as much as possible during the first 8 months to stimulate language.
- Practice the following:
  - Object Permanence - The child’s ability to realize an object exists even though it cannot be seen.
  - Imitation Skills - The ability to copy behaviors of others.
Early Learning Cont.

- Play Skills- Allow the child to experience different levels of play (exploratory, functional, creative-symbolic, and imaginative).
- Pairing Movement with Learning- Encourage the child to practice gross motor movements while practicing/learning language.
- Use Senses- Explain how words look, smell, taste, sound, and feel.
Learning to Talk and Understand

- To be a good communicator, a child must understand and use many words.
- Help your child learn new words during everyday activities at home.
- Children communicate to get what they want.
- Turn-taking is a basic requirement for conversation.
- Children get information by asking questions.
Learning to Talk and Understand Cont.

- Listening is half of communication.
- Helping your child learn to listen effectively provides the foundation for successful communication.
- Use many everyday situations to improve your child’s memory skills.
- Facilitate recall skills by providing lots of repetition and praise during communicative interactions with your child.
Parents and caregivers are the child’s first, and most important, teacher. Parents set the example for children regarding how to listen and speak with others.

Parents can make a big difference in how well a child develops communication skills.

It is important to help children learn and practice communication skills at home and in the community. Use everyday routines and events to facilitate language: mealtime, bath time, during dressing, etc. Use songs, fingerplays, and photographs to practice language skills.
Talking Tips for Parents
- Keep talking fun.
- Reward and praise your child’s communication attempts.
- Use facial expressions and gestures to help your child understand.
- Keep your sentences short and simple.
- Speak slowly and clearly. Repeat as necessary.
- Emphasize key words you want your child to learn.
- Repeat main ideas frequently, in as many different ways as possible.
- Set a good example for your child. Model correct speech.
- Give your child enough time to respond.
- Discuss your child’s language abilities with your SLP.
- Avoid placing too much pressure on your child to talk.
Helping Children Who Have Communication Disorders

- Five sections which cover the following:
  - Language
  - Articulation
  - Voice
  - Fluency
  - Oral Motor
Language

- Skillful use of questioning strategies facilitates children’s organizational and problem solving skills.
- Parental modeling of language in everyday routines and events provides important language learning opportunities for children.
- Alerting children to directions, using simplified phrasing, and giving related directions together enhances children’s comprehension.
Language Cont.

- Children’s language comprehension improves when adults use a slower rate of speech, simpler sentence structure, repetition of key words/phrases, and gestures.

- Appropriate adult responses facilitate language development. Be an active listener. Avoid interruptions. Acknowledge children’s remarks with positive feedback. Limit background distractions when engaged in conversations. Speak to a professional if your child does not seem to be developing language at the same rate as peers.
Articulation

- Parents can facilitate clear speech by:
- Being alert for signs of ear infections and consulting the pediatrician when necessary.
- Listening carefully and focusing on the child’s message, not his/her speech errors.
- Modeling good speech by repeating the child’s message correctly so that he/she hears the error sound(s) produced in an appropriate manner. Avoid requiring the child to repeat after you.
Articulation Cont.

- Children learn speech sounds through listening. Exaggerate the child’s corrected error sound in your own speech to give more opportunities for sound awareness.

- Make picture practice books and word lists that contain sounds your child is trying to learn.

- Read with your child daily in a quiet environment. Focus on one practice sound at a time. Exaggerate the sound as it occurs in words that you read aloud.
Voice

- Vocal nodules are the most common voice disorder in children. Reduction of vocal abuse/misuse is the primary goal of speech therapy for voice disorders.
- Vocal nodules are associated with loud/prolonged forceful speaking, screaming, speaking with excessively high or low pitch, and constant throat clearing or coughing.
- Voice disorders *must* be evaluated by a medical professional, most often an ENT physician. Voice therapy must be physician-prescribed in order for children to receive public school intervention.
Fluency

- Speech dyfluencies are common in young children learning language, particularly during the preschool years.
- Several behaviors are “warning signs” that a child may not outgrow typical dysfluencies. These include: frequent sound and syllable repetitions, prolongations of sounds, facial tremors, and tension or struggle behaviors, and avoidance/delay in saying certain words.
- If your child’s speech is characterized by multiple “warning signs”, contact a speech-language pathologist for an evaluation.
Fluency Cont.

- Parents can facilitate fluent speech by: allowing the child to finish speaking uninterrupted, avoiding pressuring the child, praising fluency, and collaborating with the SLP during assessment and treatment.

- Strategies to improve fluency include stuttering modification, delayed auditory feedback, easy onset, and identifying/eliminating secondary characteristics.
Oral Motor

- Dysarthria causes problems with articulation due to neurological damage resulting in weakness and imprecise oral motor skills. This may cause slurred, slow, strained speech. This requires a speech evaluation and the student may need alternative communication options.

- Apraxia results in poor voluntary control of speech despite adequate oral motor control.
Oral Motor Cont.

- Tongue thrusting is a swallowing pattern that babies exhibit but most automatically change to a normal swallowing pattern by age 6 years. If not, a child must be taught the new swallowing pattern to avoid dental problems.
- Tongue thrusting has no educational impact.
- Children with feeding challenges may need assessments by an OTR or SLP as infants/toddlers.
Nonverbal Communication

- **Gesture**: The movement of any part of the body for the purpose of communication. It can take many forms, including pointing, pushing or pulling, and facial expressions.

- **Sign Language**: People using sign language make movements with their hands to communicate. Sign language is often used with traditional speech therapy as part of a program of total communication.
Nonverbal Communication Cont.

- Augmentative Communication: Some people do not have the physical ability to speak well enough to communicate.
- “Augmentative communication” refers to special devices and methods which provide alternatives for spoken language. These devices vary in expense and type of material used. Every individual is unique and therefore every augmentative communication system needs to be specially designed to meet that person’s needs.
Preparing for School

- Research has shown that what parents do at home before their child enters school has a large influence on the child’s success at school.

- Important activities include looking at books together, reading to children, talking to children about what is happening around them, and pointing out words in print such as those in the grocery store or on signs when driving.
Preparing for School Cont.

- Parents encourage pre-reading skills when they demonstrate that reading is important in everyday life by reading magazines, newspapers, recipes, signs, grocery lists. Soon children learn to associate reading with gaining information and enjoyment.
Preparing for School Cont.

- Pre-math skills are learned when preschoolers manipulate materials in their environment. Washing dishes, sorting laundry, or playing in the sandbox all provide math vocabulary and concepts such as empty, full, more, less, same, etc.

- When choosing a preschool visit available facilities and evaluate all aspects including staff, facility, materials, and services.
Preparing for School Cont.

- Parents can set the tone for homework success by demonstrating the importance of homework, providing a good environment, and providing support on homework activities as needed. Some parents use rewards to encourage their child’s completion of homework tasks.
Behavior Concerns

● Developing Responsibility: A child with speech, language, or hearing problems needs extra guidance and direction. Parents can help children learn to be more responsible. At the same time, children will gain self respect and respect for others.

● Dealing with Frustration: Help your child learn control words such as: “Stop!”, “Wait!”, “My Turn”, or “Me Too!”. 
Behavior Concerns Cont.

- Learning social phrases such as “Thank you”, “I like you”, and “This is fun”, is important for children.
- Talking about children’s feelings and behavior can reduce the negative influence of anger and unhappiness on behavior.
- The most important way for parents to teach a child to be a responsible, self-controlled person is through their own actions.
Conditions Associated With Speech and Language Disabilities

- Three sections which cover the following:
  - Mentally Handicapped
  - Hearing Impairments
  - Other Conditions Causing Speech and Language Disabilities
Mentally Handicapped

- Learning self-care skills will prepare children for adulthood in the home, group home, or other setting. Many handicapped children are capable of contributing to the family. Praise your child’s attempts to help even if a job takes longer than when a parent does it alone.

- Safety skills: Prevent injury by keeping children out of dangerous situations and teaching safety rules to your child.
Basic language and social skills are needed when preparing disabled students for successful employment in order to succeed in any work setting. Parents need information in 3 areas to help teach marketable work skills:

Selecting an appropriate work-training program
Teaching behavior commonly required in work settings
Teaching communication skills required at work
Hearing Impairments

- It is estimated that 7 out of every 1,000 school-aged children have a hearing loss. These hearing losses are often mistaken for learning or behavior problems. A temporary or permanent hearing loss can have serious effects on a child’s speech and language development. The following are signs which MAY indicate a hearing loss. If your child shows 1 or more of the following signs, seek
Hearing Impairments Cont.

professional help:

- Straining to watch a speaker or “hear” better when watching the speaker’s face.
- Failing to pay attention when spoken to or giving the wrong answers to simple questions.
- Frequently asking for repetition of words or sentences.
- Often confusing consonant sounds or pronouncing some speech sounds incorrectly.
Other Conditions Causing Speech and Language Disabilities

- Speech/language disorders often coexist with other conditions, including:
  - Autism
  - Learning Disabilities
  - Down Syndrome
  - Developmental Delays
  - Cerebral Palsy
  - Cleft Lip/Palate
Parent Articles 2

- Language Disorders
  - Early Language Learning
  - Later Language Learning
  - Literacy and Language
- Speech Disorders
  - Disorders of the Speech Sound System
  - Fluency
  - Swallowing and Oral Motor Dysfunction
- Other Aspects of Communication and Communication Disorders
  - Augmentative and Alternative Communication
  - Socialization and Communication
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Language Disorders

- Joint attention is the primary behavior needed to learn language. Turn taking, modeling, and repetition lead to development of basic concepts. Before children speak they learn to listen and associate words with feelings and objects.

- Understanding language and speaking are the basis for reading and writing skills. Poor oral language skills lead to poor written language skills. Strong oral language skills do not guarantee strong written language but significantly increase the chance of success in school. The bulk of language structure and core vocabulary skills are acquired before age 7 years.
Parents can improve language skills and avoid language disorders by responding to their child’s requests, modeling verbally, reading aloud from infancy until pre-adolescence, selecting interactive toys that involve speaking and listening to a person (not a computer/electronic device), adjusting the language to the developmental level of the child, and seeking early intervention if the child is not producing short, intelligible sentences by age 3 years.

In early childhood, read, retell, question, and model to build vocabulary, phonology, and critical thinking skills through daily speaking and reading with the child.

Pre-teens and teenagers need continued strategic thinking skills and “coaching” in order to question and problem solve so that they can learn to analyze and synthesize information. Learning conversational skills and social language nuances will ultimately allow them to learn to get along well with others. This skill will determine the true extent of success in school and in the work place.
Speech Disorders

- This section encompasses the areas of articulation, phonology, fluency, and swallowing.

- *Articulation* is the development and sequence of individual speech sounds (phonemes). Phonemes are acquired in an orderly sequence until around the seventh year of age. Articulation errors are sounds made incorrectly because the child cannot produce the sound; articulation errors be associated with poor oral-motor skills.

- *Phonology* is the development and sequence of speech sound patterns or processes. These sound processes are simplified versions of adult speech which the child should stop using with maturation. Phonology errors are sounds made incorrectly because the child lacks the knowledge of which sound to use; phonology errors may be associated with a language disorder.
Speech Disorders Cont.

- If your child shows dysfluencies or “stuttering” in his speech, it is important to see a speech-language pathologist for accurate diagnosis and information regarding stuttering treatment.
- If your child’s oral-motor skills are weak/disorganized and he/she exhibits drooling or poor feeding behaviors, swallowing should be evaluated. Areas to be addressed include the child’s position/posture, food taste and texture, and atmosphere and timing of the meal. There are also ‘active’ and ‘passive’ exercises which may be recommended to improve oral-motor strength and coordination.
- If your child has a tracheostomy tube to assist with breathing, a speech-language pathologist can provide evaluation and treatment in the areas of communication and swallowing needs.
Students who are not able to produce speech that can be understood may need an AAC (Augmentative/Alternative Communication) system.

AAC systems can range from low tech (i.e., picture symbols) to high tech (i.e., DynaVox speech output device).

AAC systems can be unaided (i.e., sign language, facial expression) or aided (i.e., magnet choice board).
In order to be most successful, AAC users need supportive communication partners. Family members can and should also play an active role in a child’s development of functional communication.

With an AAC system, students can participate in social communication, achieve literacy, reduce or avoid learned helplessness, and reduce emotional/behavioral difficulties.
Syndromes and Special Populations

Children with these syndromes or conditions may experience speech and/or language impairments.

- Specific Language Impairment
- Attention Deficit Disorder
- Autism (Autistic Disorder)
- Pervasive Developmental Disorder
- Down Syndrome
- Fragile X Syndrome
- Prader-Willi Syndrome
- Moebius Syndrome
Syndromes and Special Populations Cont.

- Williams Syndrome
- Fetal Alcohol Effects and Syndrome
- Prenatal Substance Abuse
- Traumatic Brain Injury
- Unilateral Stroke
- Landau-Kleffner Syndrome (Acquired Epileptic Aphasia)
- Myotonic Dystrophy
- Velo-Cardio-Facial Syndrome
- Severe Visual Impairment
For Parents… By Parents

• In this section, parents shared their stories and gave suggestions for other parents who may have similar situations.

• Reading articles that highlight specific types of impairments may be helpful for parents and professionals who serve students with various impairments.
Various impairments were highlighted including:

- Developmental Language Impairment
- Stuttering
- Hearing Impairment
- Cleft Palate
- Traumatic Brain Injury
- Attention Deficit Disorder
- Progressive Neurologic Disease
- Autism
- Medically Fragile
Service Delivery Updates

- Parents should educate themselves on all aspects of the IFSP (Individual Family Service Plan) or IEP (Individualized Education Plan).
- Several service delivery options are available. These are selected to match student needs. These may include traditional pullout, collaborative, inclusion, or a combination of these.
Service Delivery Updates Cont.

- It is important for parents to become a participating member of their child’s educational team.
- Parent can do this by becoming aware of their rights, participating in teacher conferences or IEP meetings, being an advocate for their children, and understanding the continuum of services.