Kids Talk the Talk
Milestones, Strategies and Checklists for ensuring appropriate speech and language development.

All children are different and the age at which they acquire speech and language skills often vary, however the order in which these developmental milestones are achieved is usually the same. Your child's speech and language development begins even before they say their first word. This handout will provide you with information of milestones and key elements to be aware of to ensure your child is developing these skills appropriately.

There are two main areas of language:

Receptive language (understanding): Comprehension of language.

Expressive language (using language): The use of language through speech, or alternative forms of communication to communicate wants, needs, thoughts and ideas.

Phonology (sounds) – refers to the speech sounds that we use to form words.

AGE	Receptive language	Expressive language	Phonology
2 years	≈Follow simple two-part instructions ≈Respond to simple 'wh'-questions such as 'what' and 'where' ≈Understands the difference between 'in' and 'on'.	≈Says more than 50 single words ≈Puts two words together ≈Says 'no' when they do not want something ≈Starts to use 'mine' and 'my'	≈Appearance of words produced with CVC structure e.g. dog, cat, mum, dad etc. ≈Consonants mastered: p, b, t, d, m, n, ng, y, w, h by 3 years. ≈May omit final sounds, reduce consonant blends e.g. pash for splash, bock for block etc.; substitute one consonant for another e.g. wion for lion. ≈Approximately 51-70% intelligible
3 years	≈Follow more complex two-part instructions ≈Understand simple 'wh' questions such as 'what', 'where' and 'who'. ≈Understands the concepts of 'same' and 'different'. ≈Recognise basic colours	≈Says four to five words in a sentence ≈Use a variety of words for names, actions, locations, and descriptions ≈Asks 'wh' questions such as 'what', 'where', and 'who'. ≈Have a conversation ≈Uses present and past tense.	≈Consonants mastered: k, g, f by 3.5 years. ≈Uses final sounds most of the time ≈Final sound deletion eliminated by age 3;3 ≈Approximately 75% intelligible, meaning that you should understand at least seven out of every ten sentences that they produce.
4 years	≈Answer some questions about daily tasks ≈Understand most 'wh' questions ≈Understand some numbers ≈Awareness that some words begin or end with the same sounds.	≈Use words, such as 'and', 'because', and 'but' elongating their sentences ≈Recalls and describes recent events ≈Begins asking questions and being inquisitive ≈Uses personal pronouns and negations ≈Can count to five and name some colours	≈Should be few omissions and substitutions of consonants ≈Continued refinement of articulatory skills taking place ≈Consonants mastered: s, sh, ch, l by 4 years ≈Consonants mastered: z, j, and consonant clusters by 4.5 years ≈100% intelligible to parents and people outside the family

| 5 Years | ≈Follow directions with more than two steps
≈Understand 'wh' questions and provide answers.
≈Understand numbers and counting. | ≈Increasingly complex sentences
≈Uses 'and' and 'because'
≈Understands word endings such as 'er' e.g. big to bigger,
≈Figures of speech and jokes | ≈Can understand almost every word your child says.
≈Might still have trouble using some sounds – for example, saying 'fing' for 'thing,' or 'den' for 'then'.
≈Can mispronounce some complex words by missing sounds – e.g 'amblance' for of 'ambulance' or 'paghetti' for 'spaghetti'.
≈A stranger should have no problem understanding what the child is trying to say. |

GENERAL INFORMATION ABOUT STUTTERING AND ITS TREATMENT

Stuttering is defined by the World Health Organisation as:
"A disorder in the rhythm of speech, in which the individual knows precisely what he/she wishes to say, but at the time is unable to say it because of an involuntary, repetitive, prolongation or cessation of sound."

- Stuttering is believed to be present in approximately 1% of the population.
- More males than females are affected at a ratio of 4:1.
- There is often a family history of stuttering, indicating a genetic link.
- Stuttering is a problem of speech control. It is not a psychological, emotional or intellectual problem. It is not caused by any traumatic event or change in lifestyle.

Stuttering is not something that should be ignored. Therapy is more successful the earlier stuttering is detected and treatment is begun. Recent research suggests that children are unlikely to recover without some form of intervention. Without treatment the school age stuttering child will progress to become an adult stutterer. Treatment for adult stuttering is a longer, more difficult process, as an adult speech system is fully matured and not as flexible as that of children.

The treatment of stuttering in children is based on the simple behaviour management techniques. The parents are trained to manage the stutter as they would any other childhood behaviours. The desirable behaviour is praised and reinforced, while the undesirable is not. The child is made aware of when he/she is stuttering, with comments such as "Oops! That was a bump!" or "Say that for me without the bumps". Stutter-free or fluent periods of speech are rewarded with praise and other reinforcers (eg. stamps).

The child is not instructed how to speak in any way. The child simply receives reinforcement for periods when he/she can control his/her speech. This helps him/her use and practice-controlled stutter-free speech on his/her own.

Treatment is conducted daily within sessions, and on-line during everyday activities. The parents also rate the child's severity daily, on a scale (1-10) to allow the speech pathologist to monitor the success and modify treatment decisions accordingly.

The parents attending the clinic with the child are the only people who identify the "bumps" to the child and conduct sessional work. Therefore, the speech pathologist can monitor the parents' accuracy at identification and the type of feedback they are giving to the child.

Other important people in the child's life (grandparents, teachers, etc) are encouraged to only provide positive comments. When they hear the child talk without stuttering, they may want to say things such as "That was lovely talking" or "I just heard some great talking from you!" They are not to identify stuttering or offer advice on how to control it. Provision of a positive speaking environment is of the utmost importance.

For more information on language development and milestones:

- https://www.speechpathologyaustralia.org.au/SPAweb/Resources_for_the_Public/Children_Communication_Milestones/SPAweb/Resources_for_the_Public/Communication_Milestones/Communication_Milestones.aspx?hkey=fb6753df-a757-4c4a-8100-aaebdd4451fd

- https://raisingchildren.net.au/babies/development/language-development/language-development-0-8

- https://childdevelopment.com.au/resources/child-development-charts/stages-of-language-development-chart/

- https://www.nidcd.nih.gov/health/speech-and-language

<u>Modelling and Recasting at home</u>

Terminology

Modelling → the term has two meanings in a speech pathology sense. One is the everyday model (or example) of how to communicate that children get all the time. The other is modelling an example of a specific speech or language target.

Target → It is a speech or language behaviour that we want to encourage your child to use when communicating. For example, the target might be a speech sound or a grammatical structure.

Recasting → refers to repeating an error utterance back to come one, but with the error corrected. It can be an effective form of modelling.

When your child speaks with an error, it is important that you respond appropriately to create a learning opportunity without drawing too much attention to the error. This is done by a modelling technique called 'recasting'. Modelling is providing an example of a specific speech "target". A target is a speech or language behaviour we want to encourage your child to use when communicating for example with your child, saying the sounds correctly.

It is crucial to remember that:

- You should not repeat the error as that cancels out your attempt at correcting the error.
- The child is not required to repeat the target back.
- The aim of modelling is for the child to hear the word correctly in a similar context to that which was just used.

Recasting is when the communication partner repeats what was said with correct language and more detail (if applicable). For example, the child says "my hahoite cookie is dis one" to which the adult can respond with "Is this cookie your favourite?!"

Recasting is one of the easiest methods to help a child outside of therapy sessions. It allows the child to hear the sound correctly with more descriptive language, providing them with more opportunities to listen to the sound and hear how it works in different sentences.

Correcting a child's speech puts a negative pressure on the child and they will not in that manner. It is better to keep the conversation flowing without stopping to correct the child's speech directly. You should recast as frequently as you can.

So, What Do You Do?

Providing a good model all the time means using:

- An unhurried speech rate
- Clear speech
- Short sentences
- Appropriate vocabulary
- More repetition and repeating than with an adult communicative manner.

The best way to model corrections (recasting):

Example 1

Child: I like his punny face.
Adult: I like his funny face. It's a, really funny face. A funny face. Do you know the guy with the funny face?'

Example 2

Child: Det it down.
Adult: Get what down? Oh, get this down. Ok I'll get it for you. I think I can reach. Uh-huh I can get it.

As you can see, there is no overt criticism, no interruption to the flow of conversation and does not get in the way of listening.

- Aim for 12-18 recasts a minute
- For 3-4 minutes a day
- For the SAME word / sound pattern / grammar structure

So, What Do You NOT Do?

Modelling with No Model:

Child: He hurt his weg.

Adult: He hurt his weg

In this example, NO speech model has been provided!

Exaggerated Modelling:

Child: Pease can I have one?

Adult: You mean Puh-leeze. Puh-leeze may I have one?

This exaggerated sort of modelling is inadvisable as it distorts the sound so the child does not hear the target properly.

Pointless Modelling

Child: That's a bid bird.

Adult: Not a bid bird. A BIG bird.

What did the child hear? Bid was heard twice and big only once!

Ineffective Modelling

Child: That's' a bid bird.

Adult: Not a bid bird. You don't say bid bird. You have to remember to say big bird.

The child tunes out. The child hears bid three times and big once (if they were even listening!)