

EARLY INTERVENTION & SPEECH AND LANGUAGE THERAPY

**“Problems in language acquisition will disappear by themselves, as children will outgrow of them.”
Unfortunately – No!**

Latest studies (by Prof. Dr. Juergen Weissenborn, 2003, PD Dr. Zvi Penner 2003, German language development study at the children’s hospital Lindenhof, Germany) show, that developmental language deficits do not disappear with age, e.g. they do not grow away. These disabilities develop into permanent deficiencies with severe long-term consequences such as problems at school (reading, writing, dyslexia), difficulties to understand tasks with language-related context, behavioural abnormalities and emotional problems.

After Penner, 2003, the chances of successful therapies grow immensely, if the child has been specifically supported and furthered from an early age on, i.e. before negative social and emotional consequences appear and the child is forced to develop disturbing compensatory strategies. Penner even mentions a start of therapy before the age of 18 months has been reached.

An extensive therapy study by Ward (1999) came to the result that only 15% of all children at the age of 10 to 12 months who showed an abnormal language deficiency were able to restore this at the age of 3 years – conversely to the supporters of the thesis that 50% of those children would do so. Early intervention makes use of the knowled-ge of the typically developed child. It imitates the path of language acquisition of a typically developed child. The stage of language development of the child is assessed with the help of appropriate diagnostic materials so that the child can be offered a suitable quantity and quality of linguistic stimulation. In this way, the child gets the opportunity to fill the gaps of its linguistic knowledge by learning him/herself. The child is not taught or forced to simply repeat words that were said or to just learn these by heart.

TYPICAL COURSE OF EARLY LANGUAGE ACQUISITION:

Between **the 6th week and the 4th month**, the infant makes a number of gurgling sounds. Often, gurgling sounds are made when the baby seems to be comfortable and at ease. Vowel-like sounds are expressed frequently. At this early stage, the forming of consonants is still very reduced. A huge number of sounds, also those that do not appear in the mother tongue, can be observed. One could say the child plays with its articulatory capacities.

From **6 or 7 months** on, the sounds ‘inventory’ is growing. An increasing adaptation to consonants and vowels of the mother tongue to be acquired can be recognized. Consonants that are formed in the back of the oral cavity are more developed than those formed in the front of the oral cavity. At the end of this ‘babble’ phase, first prototype words emerge (such as: dadada, bababa...). These do not exist in the adult language.

Around **11 and 12 months**, the child acquires first intonation skills. Similarity to the melody of speech of the adults can be recognized. Around 12 to 15 months, first words emerge.

Up until **the end of the 2nd year**, a child usually has acquired and is able to make use of around 50 words. These first 50 words are mostly related to affects. While the child acquires the knowledge of how to use words at the age around 18 months, the child also starts to acquire the rules of the sound system of the mother tongue (phonological system). This means, the child starts to adjust and systematize pronunciation to develop the phonetic language system.



As per Prof. Dr. H. Grimm, Dr. Z. Penner and Prof. Dr. Weissenborn, deviations from typical language acquisition can be recognized at the age of 2 years. Already during the 25th and 26th week of pregnancy, children show sensitivity for prosodic differences. Differences in rhythms have been measurable already at the 3rd and 4th month in this study of language development. At the age of 6 months, infants prefer the rhythmic pattern of their mother tongue. This has been confirmed by other studies carried out in German, English and French.

Important rules of the target language, as regards word order, prosodic parameters (rhythmic qualities) as well as basic principles of vocabulary acquisition are acquired already around the age of 12 to 18 months. Disadvantaged learners of language evade the issue and turn to compensatory strategies also due to increasing communicative pressure. On the one hand, this leads to abnormalities of the neurological – anatomical development and on the other hand to an abnormal representation of the linguistic knowledge.

Early intervention here intends to be seen as intervention before a spiral of irreparable deviations develops. A speech and language therapeutic measure after the third or fourth year of life will not focus on the building up of missing knowledge, but primarily on the elimination of abnormal language processing and learning strategies as well as rule representations. **Preventive early intervention shortens the time of therapy massively and immensely increases the chances for success!**

EARLY DIAGNOSIS / ASSESSMENT:

Recognition of the fact that the language acquisition is not taking a typical course at an early stage is the precondition for any early intervention here.

Prof. Dr. Hannelore Grimm (2003) calls the '50 words of available vocabulary' a rather doubtful criterion as regards the later development of the grammar. She recommends the following diagnostic procedures for the early assessment of possible abnormalities in the child's language acquisition:

12 th month	ELFRA 1,	Questionnaire for parents with one-year old children
24 th month	ELFRA 2,	Questionnaire for parents with two-year old children
2 nd to 3 rd year of life	SETK 2,	Language development test for two-year old children (Grimm, H. 2000, Hogrefe)
3 rd to 4 rd year of life	SETK 3 - 5	Language development test for three- to five-year old children (Grimm, H.2001, Hogrefe)

These questionnaires and test materials allow for the early assessment of deviations from the typical course of development. Basically, two diagnostic directions have to be considered: on the one hand, the assessment of the degree of the developmental delay, and on the other hand, the determination of the individual developmental level that can be worked from in an intervention.

An early start of voice therapy – of course – requires methodical adaptation. It has to be developed specifically for small children. A diagnosis that orientates itself towards individual steps of learning helps to find out on which developmental level the child presents itself. Kauschke (2003) puts special emphasis on 'input specification' as an essential method in voice therapy, next to 'modelling'. Linguistic offers are prepared in a way that the child is specialized into these offers and thus able to easier recognize them. After Penner (2003), the linguistic offer is used in a natural, concise, variable and flexible way, but also full of contrast and functional. In this way, early weaknesses can be removed and the further development of language acquisition will be more successful.

(These information have been taken from papers by H. Grimm, Ch. Kauschke, J. Weissenborn, Z. Penner cited at the scientific conference of the dbs – the German professional body for speech and language therapists - in Fulda in 2003, the topic being: Early intervention).

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