



## **Ask the Speech and Language Therapist**

**Speech, Language and Communication for Children  
Top twenty questions!**

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information

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- 2. I have been told my new baby will find it hard to learn to talk, is this right?**
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## **Ask the Speech and Language Therapist**

### **Speech, Language and Communication for Children Top twenty Answers!**

#### **1. I have a lovely new baby who has Down's Syndrome, will I be able to breastfeed my baby?**

It is very likely that you will be able to breast feed your baby. Most babies with Down's syndrome learn to breast feed very well but you may need some extra help to begin with. Local National Childbirth Trust branches have breastfeeding counsellors who will be pleased to help. It doesn't matter if you are not a member, they will be pleased to hear from you. Often babies find that their low muscle tone means that they have to work very hard to suck hard enough and for long enough to receive a full feed. It helps if you support your baby's chin with the forefinger of your spare hand whilst they are on the breast. Babies can often get a better latch if they are placed in the 'football hold' position. This is where the baby's feet are under your arm and their head is supported by your hand. This way you can help your baby to stay on the breast. Be prepared to feed 'little and often' to overcome the fatigue problem. It may help if you begin the feed by expressing some milk to get the flow going for your baby. Be prepared to offer supplementary breast milk feeds if your baby does not gain sufficient weight but remind your health care team that your baby may not gain weight as fast as usual anyway. If you do have to offer supplementary feeds consider using a 'lactaid' device which allows you to breast feed at the same time. Contact National Office or the NCT for more information on this aid if you would like to try it.

#### **2. I have been told my new baby will find it hard to learn to talk, is this right?**

All children with Down's syndrome find it hard to learn some aspects of learning speech, language and communication. Some children experience severe speech and language problems whereas other children find it less of a challenge. Some children will have more difficulty with developing their grammar; others will find it hardest to develop clear speech. We know that children with Down's syndrome have a predictable profile of communication difficulties and this helps us to tackle these difficulties from an early age, offering them the best possible start to develop good communication skills. Whilst we know what their challenges are likely to be, we are also beginning to understand what we can do to help.

#### **3. What can I do to help my young baby learn to communicate?**

For a young baby, let's say up to around 9 months of age, the most important thing we can do is to offer them good quality experiences and talk to them about the world around them. When we talk to our baby it helps if we show them what we are talking about and begin to use simple gesture. Help your baby to hold objects and to place items in their line of vision. Make sure that your baby's hearing is carefully checked and that their vision is reviewed as soon as possible. Keep in mind the typical

milestones, so for example, if your baby is six months old but not yet sitting independently, sit her up in a little chair so that she sees the world like all babies of her age. When the phone rings, don't be tempted to leave her lying contentedly on the rug, take her with you so she sees what that funny noise was all about. Most importantly, spend as much time as you can enjoying her company: playing, talking, touching and cuddling. Make your baby feel loved and her confidence will help her grow into a confident communicator as she grows. As your baby grows support her hands to make simple gestures and 'interpret' her hand movements and eye contact as communications. For example, a waving hand can be interpreted as a gesture for 'drink': produce a drink and say that's what she asked for – your baby will soon catch on!

**4. My baby is five months and I think she is ready for weaning, how do I do this?**

In much the same way that you would any other baby but you may need to be careful to offer a wide range of foods and offer (and keep offering!) different textures as time goes by. Because of the problem of low muscle tone babies often prefer smoother textures and feel safer with familiar flavours. Sometimes their low muscle tone means that the children 'tongue thrust' and the food comes back out. Don't interpret this as the child not liking or not wanting the food, it simply mean they are having trouble keeping the food in their mouth and moving it to the back of their mouth. Try placing the food in the side of their mouth and keep going. Change textures very slowly but surely and resist the temptation to return to what can become old favourites, such as smooth chocolate pudding! Perseverance is the key here as your baby needs practice. Don't be afraid to use packets and jars, its not so hurtful when they spit it out! Some children have some specific sensory difficulties which affect their ability to tolerate certain textures. If your child continues to have problems ask to see a speech and language therapist with expertise in feeding disorders.

**5. My son does not like to chew, does this matter?**

Yes it does matter for his muscle development, speech development and social skills. Chewing can be a real problem for some children for the reasons given in the last question but with specialist help can usually be overcome.

**6. Will signing to my baby stop her talking?**

Absolutely not! All the evidence supports the view that signing accelerates speech and language development and that children who are exposed to signing learn vocabulary and use words at an earlier stage than their peers who do not have sign in their environment. Being able to sign assists children to communicate their needs, choices and feelings at an early stage, often before they have the words. This helps their communication skills to develop and remains a lifelong tool for whenever they may need it.

**7. When should we start to work on my daughter's speech? We have been told that at three years old she is too young to worry about her speech.**

It's never too early to think about the development of clear speech. We are thinking about it when we massage our babies' faces in play, when we teach them to suck and chew, and when at about 9-12 months we begin to introduce them to sounds and corresponding sound/picture cards. We know that children with Down's syndrome are most likely to experience problems with hearing, discriminating, remembering and producing clear speech. It makes no sense to wait for the inevitable, when we can be helping them to learn about sounds in readiness for their speech as it begins to emerge. We will soon be producing a pack on developing clear speech, meanwhile contact the National Office for advice.

#### **8. What settings work best for preschool children to develop their speech and language skills?**

Any setting where your child's needs are understood and where the adults around them have good expectations of our children and respect their communication style. Children at any age need to be hearing good language models and in particular the language exchanges of other children of their age. If a pre school setting can be assisted to offer a visual communication environment this is very helpful. For example, at story time it helps if they use story props to act out the story as the children listen, and use gestures and movement to accompany song time.

#### **9. Will teaching our son to read help his language development?**

Almost certainly. The original work on reading for children with Down's syndrome undertaken at the Sarah Duffen Centre was aimed specifically at developing language through reading. Their extensive library will help you to identify articles and books to help you start on a home programme.

#### **10. Should I use symbols with my son?**

Using a symbol system such as Widget Symbols can be very helpful in helping our children to understand routines, predict events and organise their day and activities. Symbols should be used alongside the written word and can be helpful in managing behaviours that are linked to difficulties in understanding routines or time concepts. For some children who do not take to reading or for whom signing is not possible, symbols may become an important means of expressive communication. It is important to have some specialist support to decide why, when and how to introduce symbols to your son.

#### **11. My son has been diagnosed as having oral dyspraxia – what is this?**

Oral dyspraxia is a motor programming disorder which affects a child's ability to plan the movements required for clear speech. It can affect the production of single sounds and the combination of sounds into words. At a word level a child may be able to produce single sounds but not be able to combine these sounds in the correct order. Dyspraxia can affect whole body movements but an oral dyspraxia specifically affects speech production. Dyspraxia seems to occur more often in the population of children with Down's syndrome than in the typically developing population and there are many interesting theories under discussion as to why this might be so. Dyspraxia can

cause a child's speech to be very disordered and they will need specialist assessment and support from a speech and language therapist. There are specialist dyspraxia clinics around the country so do not be afraid to request a specialist referral.

**12. My daughter has speech and language therapy and the therapist works on her comprehension of language but I think this is a strength – who is right?**

Most likely, both of you! The profile of speech, language and communication difficulties experienced by children with Down's syndrome highlight expressive language and speech production as the areas of most concern. Often a child's comprehension or receptive language is a relative strength. For most children it is most efficacious to concentrate on these areas of language and speech development. However, it is important not to lose sight of the need to monitor a child's comprehension skills and from time to time to work on topics such as their understanding of grammar structures or increasing their vocabulary. The evidence in the literature would not support an intervention programme that concentrates exclusively on comprehension. It may assist your therapist if you offer her a resource and reference list available shortly from the National Office or Down's Ed.

**13. Our speech and language therapist cannot offer regular therapy, what should we do?**

It is important to ascertain your therapist's reasons for not offering regular therapy and to balance this against an assessment of your child's needs. If you remain unhappy with the decision then it is reasonable to ask for an appointment to speak to the head of the local Speech and Language Therapy service to discuss your concerns, and/or your Case Worker at the LEA if your child is in school. It is important for any Statement of Special Educational Need to be specific about the child's requirements and provisions. Support to develop a home or school based programme is also very important and a well trained teaching assistant can be of enormous value in implementing a programme which has been drawn up by a knowledgeable therapist. Many children will benefit from regular therapy and you may need to access advice via the DSA or Down's Ed to help you to know if our child requires this form of intervention.

**14. My son is seven years old and has no clear speech; we have been told to concentrate on his signing and consider a communication aid. What should we do?**

This may be the right advice, but sadly we often see children where this has been recommended and we find that this advice has been given in the absence of a sustained programme of work on a child's speech development. Children with Down's syndrome rarely need a communication aid unless they have additional movement disorders. Using sign and symbols can be very effective. To be sure this is the best advice, I would recommend that you seek a second opinion from a specialist speech and language therapist via the DSA.

**15. What can I do to improve my son's grammar, he only uses the main words in a sentence?**

This is a common problem and one that can be helped by teaching children to sign and read the 'linking words' such as 'and', 'in', 'at', 'to', 'a', and 'but'. Providing your son with a complete grammar model when you speak to him and emphasising the linking words will help him to concentrate on these words. Using written labels for these words in practice sentences can be useful. We now start signing these types of words to children at around 2-3 years of age and this is proving to be successful, but it really is never too late!

**16. What should we expect from speech and language therapy as part of our daughter's statement?**

You should expect your daughter's speech, language and communication needs to be described accurately and recognised as being an area of specific need over and above her general learning disability. The statement should detail the arrangements for her speech and language needs to be assessed on a regular basis (i.e. termly) and for a programme to be prepared by a speech and language therapist with specialist knowledge of children with Down's syndrome, and for this programme to be supported by appropriate training and back up to school based staff. Your daughter's communication goals should be incorporated in to her Individual Education Plan and integrated into her classroom activities. The speech and language therapist should assist the class teacher in differentiating the curriculum for your daughter in respect of the language used and in developing subject vocabulary. Ideally, the provision should include the opportunity for face to face intervention from a speech and language therapist when this is indicated from the regular assessment, for example, to work on specific speech programmes or grammar development. Provision should be quantified and specifically stated in order that any disputes may be clearly defined and addressed. In order that parents and other family members may play their part, it is important that the visiting therapist maintains contact with the family through direct liaison and written reports.

**17. My son is 14 and has disfluent speech, what can we do to help him?**

Disfluency is a common problem and is often not a pure dissiliency but linked to a related communication difficulty such as problems with producing or knowing about syllables, word finding problems or problems with combining sounds into words. It is important that a thorough assessment is undertaken of your son's disfluency in order that a clear diagnosis and intervention plan may be drawn up. Meanwhile give your son plenty of time to speak, don't interrupt or finish his sentences. By listening to him and encouraging him to speak in situations where he may be most fluent, you will help him to feel that his speech attempts are valued and what he has to say is well worth listening to.

**18. My 15 year old son seems to have lost all his social skills, what can we do?**

It may have something to do with being 15! If you think it is more than this it may very well be that your son would benefit from some social skills training and exposure to a programme such as the Social Use of Language that may be offered by your son's school or integrated into the activities of a youth club or group. Often as

teenagers our children need support to move on their social skills and their social use of language abilities such as eye contact, turn taking, greetings, listening, giving compliments and sharing stories. Taking time to talk as a family and modelling such behaviours can be very helpful.

**19. If I can only do one thing to help my child's communication what should it be?**

Give your child lots of experiences for him to talk about!

**20. Will my child's communication ability continue to grow throughout his childhood?**

Yes, just like all children, our children will continue to develop their skills throughout their childhood and will respond to support and new experiences all the way through. There are optimum times to develop certain skills but our experience is that children can begin to develop new skills at any point in their childhood and adolescence and will further refine their skills as they get older.

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