

# THE CENTER FOR SPEECH EXCELLENCE

## Myth or Fact?

Often we hear conflicting comments concerning speech and language development. Well meaning relatives and friends give advice while concern grows over a communication problem. In this fact sheet, we have presented some myths commonly passed along and provided the information you need to make an appropriate decision. If you have concerns, call the office to ask questions. If we feel an evaluation is warranted, we will tell you. Sometimes it is a matter of employing some interventions at home first and we will tell you that, too. We understand normal speech and language development as well as the deviations and variations that can arise. When an evaluation is recommended, we will make recommendations concerning the need for therapy.

### Children:

*M1. My friend told me you can't do speech-language therapy before a child is 3 years old.*

F1. If we measure intelligence at 17 years of age, we find that 50% of that development occurred between conception and age 4. Speech-Language Pathologists (SLP) work with children who are infants and up. Normal language development begins in the womb. Human brains are "prewired" for language. Certain "prelinguistic" behaviors are evident before the first word emerges. By observing and interacting with an infant, the SLP can tell if language development is at risk. Stimulating slow or delayed areas of development can bring those skills closer to normal in the long run. Recent studies show that the brain can actually develop differently in the areas which are stimulated. We can also help determine whether hearing problems are involved. SLPs work with swallowing disorders, as well.

*M2. No one can understand my 3 year old, but my neighbor said he'll grow out of it.*

F2. By 2 1/2 years of age, a child's speech is normally 70% intelligible. By 3 years of age, a child is usually able to say 93% of the vowel sounds and 65% of the consonant sounds correctly. There is a developmental hierarchy of sound development. Certain sounds are mastered before others and within certain time frames, in normally developing speakers. A 3 year old child may show an improvement in speech over time, but if sounds are not developed at the normal times, it is more difficult to correct them later. Certainly if a 3 year old is unintelligible to others, it is time to seek an evaluation.

*M3. My child's speech sounds fine. His vocabulary is limited, but I think that should improve when he starts to read.*

F3. Oral language problems generally lead to reading problems. A child who does not comprehend the meanings of words and sentence structures he hears in daily life will have trouble comprehending those concepts in print, as well. Once a child learns to read, he can

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certainly read to learn, but we generally see children with language impairments experience reading difficulties.

*M4. My child has had lots of ear infections, but that's all that's wrong. My husband says he just talks to us when he wants to.*

F4. Middle ear fluid can build up gradually, without symptoms at first. When there is fluid in the middle ear, it reduces the clarity of the sounds we hear. Your child may not hear you at all sometimes. At other times things are so unclear to him that he may not be able to follow what is going on so he sits back to watch or entertains himself rather than try to interact.

*M5. My mother said my 4 year old just wants to talk like a baby.*

F5. Children have an inborn desire to communicate. This includes the need to be understood so that communication can get what the child needs or wants. There is often a physical reason for babyish or immature sounding speech. We find that children who have chronic middle ear fluid do not hear sounds correctly, often over long periods of time. That in turn affects the way the child pronounces sounds. We also know from research that areas of the brain which are deprived of stimulation will take over other functions. In this case, an area of the brain which does not receive the sound signal it usually processes will begin to process an adjacent sound. If the deficient area is then stimulated (when the fluid clears) it will reassume its function.

*M6. Her mother said the child doesn't have a language problem. She just has trouble with reading comprehension.*

F6. Reading is the act of decoding and comprehending written language. Language comprehension is basically the same for spoken or written language. The child must understand the meanings of words and sentence structures, compare that to previous knowledge, and relate it to the rest of the passage.

*M7. I believe that stuttering is caused by a psychological problem.*

F7. There is no evidence to suggest that stuttering is caused by a psychological problem. Disfluency can create stress and anxiety which increases when the disorder is left untreated.

*M8. I've heard that stuttering is caused by parents.*

F8. Parents are not the cause of stuttering. Though a definitive cause is not available, research suggests the most likely cause is a motor planning disorder. Messages from the brain to the muscles seem to be faulty.

*M9. According to my son's coach, some children just have husky sounding voices.*

F9. Children's voices are not normally "husky" sounding. Though there is some variation in the pitch of children's voices, a hoarse or husky sounding voice may be worth a word of caution. When allergies or airborne irritants, such as smoke or smog, cause constant irritation to the vocal cords, they become inflamed and thicken. Also if the voice is abused or misused, as it is with

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frequent yelling or straining, the vocal cords become irritated and swell. These conditions can lead to laryngitis in the short run. In the long run, callous-like bumps can form (vocal nodules) causing husky, hoarse, or eventually breathy voice quality. Medical attention should be sought for the allergies. Voice therapy should be pursued to learn methods of protecting and using the voice properly.

*M10. Grandmother said that some children are just slow to talk. When they finally do start talking, they speak in complete sentences.*

F10. Children do not learn to run without learning to walk first. They also do not speak in sentences before they speak in single words. Sometimes if a child's words are mispronounced, parents may not realize that the child is using specific combinations of sounds to indicate certain concepts. Other times, a child may speak very little because he cannot hear well or cannot be understood well. By the time his communications become evident, he is at the level where he can combine words.

*M11. My sister-in-law said my child doesn't talk much because she is shy.*

F11. While some children are more shy than others, it is a good idea to eliminate other possibilities for a child's lack of communication before being satisfied with that conclusion. Does the child hear well, speak clearly, process information accurately, learn new concepts each week, and pay attention to interactions going on around her? Research shows that children who have chronic otitis media (middle ear fluid or infections) often tend to shy away from others because they do not understand everything. This pattern of shyness may persist even after the ears are cleared. Does the child have the opportunity to speak often? At school talking is not always encouraged. At home, sometimes siblings who are very witty and verbal can monopolize the conversations without anyone realizing it. Check on your child's abilities and then check to see that the environment is conducive to communication.

*M12. Hearing impaired children cannot learn to speak.*

F12. Hearing impaired children do learn to speak. The clarity of their speech depends on many factors such as whether the impairment occurred before or after the acquisition of speech, whether sign language or cued speech have been included in the speech-language learning process, and how early intervention was acquired. Children with hearing impairments must have something to talk about, so assisting in learning language is important at an early age. From infancy, children need to focus on facial expressions, gestures, sounds they can hear, and environmental cues to help build concepts. This process can be aided by the use of sign language and cued speech combined with spoken words. Parent education and early speech therapy is extremely important in acquiring these skills.

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