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Speech and Language Success:

Early Intervention for Lasting Impact

ABSTRACT

Early intervention is essential for addressing potential communication disorders, with speech-language pathologists playing a pivotal role in diagnosis, assessment and treatment. Beyond their traditional duties, speech-language pathologists also work collaboratively with healthcare and medical professionals to identify early clinical markers, ensuring timely referrals and intervention. This article explores the role of speech-language pathologists in early intervention, particularly within the multilingual context of Malta, and provides medical professionals with guidance on identifying risk markers by underlining the main developmental milestones. Through the identification of these markers, practitioners may proactively foster early intervention and improve outcomes for youngsters at risk of speech and language difficulties.

KEYWORDS

Early Intervention, Speech-Language Therapy, Language Milestones, Prevention

This article is lovingly dedicated to the memory of Ms Leanne Schembri whose kindness, dedication and commitment left a lasting impact on us all. Her invaluable support towards the Association of Speech and Language Pathologists and her contributions towards this article will always be remembered.

INTRODUCTION

The implementation of early intervention (EI) assists in mitigating the manifestations of disabilities, difficulties, or disorders in young children. This is done by detecting possible deficits in the five main developmental areas: cognitive, communication, physical, social-emotional, and adaptive development.[1] EI is an approach that incorporates indispensable strategies utilised by various professionals and guardians to elevate the infant/toddler's developmental trajectory between the ages of 0 and five.[2]

ROLE OF THE SPEECH-LANGUAGE PATHOLOGISTS

Speech-Language Pathologists (SLPs) have an indispensable role in EI. SLPs are health-allied professionals who work with children and adults to prevent, assess, diagnose, and address issues related to speech, language, social communication, cognitive-communication, and swallowing.[3] SLPs operate under an **open referral system**, meaning that any agency or entity (even the clients themselves) can contact SLPs for a consultation. Clients may also be referred to the Speech and Language Therapy service by other medical professionals and caregivers.

The medical practitioner in question must consider both internal and external variables that arise due to Malta's bilingual context, whilst considering therapy targeting early intervention. For example, some studies have highlighted the increased frequency of phonological error patterns among multilingual children.[4]

On the other hand, the results of research by Grech & Dodd (2008) suggest that learning a language in a bilingual setting could boost phonological acquisition. In keeping with the latter, children who were exposed to both Maltese and English at home seemed to have an edge in terms of consistency and the percentage of correct consonants (PCC).[5]

PREVENTION OF COMMUNICATION DIFFICULTIES

Initiatives aimed at prevention have been shown to be effective in minimising the prevalence of communication difficulties, including hearing loss. Moreover, prevention is more economical than other rehabilitation costs.[6] There are three stages to identifying and preventing problems in human communication: primary, secondary, and tertiary.

Primary prevention incorporates the prevention of disease and the promotion of health. It focuses on the prevention of disorders and promotion of overall health through early identification and intervention. By altering susceptibility or lowering the exposure of susceptible people to risk factors, communication-based primary preventive programs can halt the progression of a communication problem. While not all conditions/difficulties may be prevented, their characteristics can be minimised through appropriate secondary preventative measures. Medical practitioners and paediatricians have a crucial role in primary prevention by supporting families who are concerned about the development of their children. An awareness of language and communication milestones, which are discussed further in this article, may guide medical professionals when outlining risk factors and the possible need for intervention. The goal of secondary prevention is to provide early communicative intervention in addition to early detection of impairments and issues. Therapy and early detection may be able to lessen the severity of its consequences or postpone its progression. Secondary preventative measures include screenings for language deficits and hearing impairments. In Malta, the national screening program 'Lenti fuq l-Iżvilupp ta` Wliedna' is an efficacious tool to assess the possible presence of autism spectrum disorder (ASD) in toddlers through the M-CHAT questionnaire.[7] This screening is performed at 24 months in Health centres and administered by an SLP. Moreover, tertiary prevention is aimed at mitigating the impact of an impairment by striving to restore typical functioning. The primary strategy in Speech and Language Therapy is to rehabilitate the individual with a communication impairment in order to address not only the primary disorder but also any secondary deficits that may have developed as a consequence. By treating the primary difficulty early and effectively, secondary complications such as social withdrawal, academic difficulties or behavioural issues can be minimised or avoided altogether. Tertiary prevention might include education programs for families and carers, client counselling, and interdisciplinary guidance.

Literature reports that the most intensive period for acquiring speech and language skills is during the first three years of life. While children vary in their development of both speech and language skills, a natural progression or timetable for the mastering of such skills exists. Language milestones may support professionals in monitoring the child's development whilst making considerations for further referrals as deemed necessary. Language difficulties may be caused by hearing loss, while at other times they are due to a speech and language disorder.[8] Otitis media is also a common cause of language difficulties, which is most highly prevalent between the ages of 6 and 24 months. This may adversely impact language development and further underlines the importance of early detection through a systematic screening tool.[9]

SPEECH-LANGUAGE PATHOLOGISTS OPERATE UNDER AN OPEN REFERRAL SYSTEM, MEANING THAT ANY AGENCY OR ENTITY (EVEN THE CLIENTS THEMSELVES) CAN CONTACT SPEECH-LANGUAGE PATHOLOGISTS FOR A CONSULTATION

LANGUAGE MILESTONES

A screening is usually a checklist or an observation form compiled by the medical professional, addressing a child's natural speech and language milestones. If a child 'fails' the screening, a prompt referral for a complete speech and language examination by an SLP may be opted for. Following this, an intervention strategy is developed and, if necessary, offered.[10]

The tables below comprise a checklist outlining important speech, language, social communication, and play milestones that may provide the possibility of tracking the child's overall development. This checklist was adapted from reliable sources online, which are referenced in the reference list.[11-27]

STAGES OF LANGUAGE DEVELOPMENT CHECKLIST

LANGUAGE COMPREHENSION

Months	Language comprehension
0 - 6	Responds to adult tones and intonations
6 - 12	Situational understanding emerges (Eg. Saying 'bye bye' and the child waves) Understands basic nouns Responds to his/her name
12 - 18	Understands further vocabulary Understands familiar phrases Understands simple instructions
19 - 24	Understands about 300 words
25 - 30	Understands around 500 words Answers simple questions such as: 'where is the ball?', 'what is this?'
	Follows directions such as: 'Get your shoes and socks'
31 - 36	Understands: • pronouns • adjectives • action words • prepositions • WH questions (What, who, where, why) • gender • understands 3-word sentences
37 - 48	Understands over 3000 words
49 - 60	Understands abstract concepts and ideas

LANGUAGE EXPRESSION

Months	Language expression
0 - 6	Coughs, cries and sucks to communicate Coos (6-8 weeks) Imitates basic sounds (Vocal play)
6 - 12	Babbles sounds Imitates sounds
12 - 18	Says around 20 single words Imitates adult verbal expression
19 - 24	Uses at least 50 different words Uses environmental sounds 'vroom vroom', 'beep beep' Uses pronouns Uses possessives Asks for help
25 - 30	Uses around 200 words Combines two or more words together Uses prepositions Verbalises actions
	Uses descriptive words Refers to the self by name Names different body parts Repeats parts of conversations Uses words reflecting self-centeredness
31 - 36	Uses phrases such as 'look at me!' Says his/her name when asked Plural words start to emerge Asks 'why?' and 'how?' Applies suffixes to verbs: '-ing', '-ed' Understood more clearly by listeners Uses verbal requests 900-1000 words by age 3
37 - 48	Speaks in 4 or more words Talks about daily activities Asks and answers yes vs no questions
49 - 60	Uses complex sentences Uses words such as 'and' and 'because'

SOCIAL COMMUNICATION AND PLAY SKILLS

Months	Social communication and play skills
0-6	Maintains eye contact (for few seconds) Laughing during play Socially smiles when approached Cries frequently Engages in unoccupied play
6 - 12	Engages in peek-a-boo Lifts arms towards the parent Responds to facial expressions Extends toys to others Imitates adult actions Engages in solitary play
12 - 18	Makes simple requests Attempts to protest Comments Shows objects to caregivers Points and vocalises Solicits attention vocally Uses 'bye'
	Uses gestures and verbal language together Maintains longer eye contact Sympathy and empathy are demonstrated Solitary play is observed
19- 24	Engages in turn taking Demonstrates simple topic control Expresses intention socially Onlooker play - observes other children
25 - 30	Expresses emotions Uses attention-getting words Clarifies/asks for clarification Initiates parallel play

Months	Social communication and play skills
31 - 36	Names/ points to self in photos Engages in nursery rhymes Starts to form bonds with close peers Engages in associative play
37-48	Increase use of symbolic play Negotiates with others Enjoys structured activities Emergence of cooperative play
49 - 60	Engages in further cooperative play Group activities are enjoyed by the child Understands the concept of teamwork

CONCLUSION

In conclusion, early intervention ensures a more positive prognosis for children who are exhibiting signs of speech, language and communication disorders. Long-term prospects are improved when addressing possible difficulties at an early stage. Advocating for early intervention programs is imperative as it empowers individuals to reach their full potential.

ADDITIONAL READING RESOURCES

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