

CAN TWO YEAR OLDS TALK?

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Yes, 2 year olds really can talk! As a matter of fact, a 2-year-old is not only capable of talking but can tell you about personal experiences, combine words into simple 2-3 word sentences and have a speaking vocabulary of 200 to 300 words. So what do you do when your two-year-old is not talking? What are some of the early warning signs that indicate something may be wrong? And how do you get help?

Language development is a gradual and continuous process. It begins very early in life from the moment a baby hears sounds. The child hears and watches communication all around him. He learns very early that his actions can evoke positive and even negative reactions from the adults in his environment. For example, a newborn makes few sounds other than crying. At approximately one month, however, the parents may be able to differentiate their baby's cry and may be able to tell if the child is hungry, wet or tired. These are the very first forms of communication, which begin to teach the child the power of language. For most children, language develops within predictable time frames. From the moment of birth, an infant is exposed to hundreds of words. Early on, children learn and understand many more words than they can produce. The words that they understand make up their receptive vocabulary while the words they speak make up their expressive vocabulary. Most children at 12 months are producing their first words, by 18 months they are using approximately 18-20 words and are beginning to combine them into simple 2 word phrases. At 24 months, after hearing language for two years, their vocabulary jumps from 20 words to 200-300 words. Simple sentences begin to emerge and they begin to tell us about their experiences. They understand simple and novel commands, action words, and some complex sentences.

Every child, however, is unique. They are "pre-programmed" to learn in their own individual ways. Some children will seem advanced in their language development while others will need a little more time and possibly some assistance. Children who have been exposed to numerous ear infections or have fluctuating hearing have a higher risk for developing speech-language delays than children who do not have this history. Premature infants are placed at considerable risk for developmental delays. For some children it is unclear as to why their language or speech skills are not developing as expected. Some early warning signs include:

- play skills that do not appear typical
- a lack of eye contact and disinterest in interacting with family members or peers
- limited imitation skills (both motor and verbal)

- limited production of words at 16-18 months
- decreased responses to simple questions or an inability to follow commands
- signs of frustration when communicating

These early warning signs can have tremendous significance in determining the needs of the child.

Parents are instrumental in detecting when something is awry in their child's speech-language development. They seem to have an innate sense that something could be wrong. This can often bring about feelings of fear and cause confusion as to where to begin seeking help. The first step in this process is to talk to the pediatrician. It is important that parents clearly communicate their concerns and provide as much information as possible regarding their child's development.* This information can be critical in helping the pediatrician to determine whether a pediatric speech-language specialist should be consulted. If the pediatrician recommends an assessment of the child's speech-language development, he/she will most likely need to provide a written referral to a hospital, clinic, or early intervention center (if the child is under 3). If the child is 3 or older, the child can be evaluated in a hospital or clinic through their Public School Special Education Department. A referral from the pediatrician would not be needed for the latter. The purpose of a comprehensive speech and language evaluation is to obtain a comprehensive view of a child's speech and language skills. This is typically accomplished within a child-friendly, play-oriented environment. The goal is to determine whether there exists a gap between the child's chronological age and his acquisition of early speech and language milestones. The child's strengths and needs will be determined and these needs will be used in planning how to help him. If it is determined that the child's speech-language abilities are not commensurate with age expectancies, speech-language treatment/facilitation will likely be recommended. While parents may feel hesitant in putting their child in "therapy", this service can play an important role for reducing the risks for future language and academic difficulties. The goal of treatment is to "shrink" or eliminate the gap that exists between the child's chronological age and language abilities. As the clinician builds a healthy rapport with the child and establishes a treatment plan, the parent and clinician can begin to work collaboratively towards helping the child to become a skilled communicator.

Helpful Numbers: Mass. Department of Education 781-338-3000
 Mass. Department of Public Health 978-851-7261
 Early Intervention

* A "Language Journal" is a tool to help facilitate your first meeting with the pediatrician. If you are concerned with the amount of words or language used by your child, keep track of words or phrases that you hear your child use.

Language Development in Normally Hearing Children

Vocal Play	Babbling	Jargon	Imitation	Phrases	Sentences/ Questions
0 months	6 months	12 month	18 months	24 months	3 years
	1 word	3 words	22 words	272 words	896 words
Paragraph	Nearly Correct Grammar	Full Command of Language			
4 years	5 years	6 years			
1870 words	2289 words	2568			
<i>Obtained from <u>The Language of Toys</u></i>					