



Caring for Children with *special needs*

SPEECH AND LANGUAGE PROBLEMS

As a child care provider, one of the most frequent “special needs” that you are likely to encounter is a child with a speech or language impairment. This is an area in which you, as child care provider, can have a positive impact.

Here’s a list of terms commonly used to describe speech and language problems:

■ **Receptive language** is a child’s understanding of the information she receives—through spoken, signed (if she is deaf), or written communication. An example of receptive language is when after being asked, “Where’s the kitty?” a young child looks around and points to the family’s cat.

■ **Expressive language** is a child’s ability—through words, sign language, gestures, or by written word—to communicate with other people.

■ **Speech** is the most common way of expression. A child’s questions, information, and feelings are communicated through speech. Delays in this area may be due to physical or mental disabilities, or the child’s environment.

■ A **speech and language therapist** is a trained person who works with a child to improve her speech and language skills. Sometimes speech therapists work to improve other oral (mouth) problems, such as eating or drinking difficulties.

■ A **speech disorder** is any condition that affects a child’s ability to speak. Articulation (mispronunciation) problems and stuttering are

examples of speech disorders.

Developing communication is one of our basic human needs. For most children, language and communication acquisition is a process that takes place without problems. However, for some children, there are significant delays. In some cases, a child’s speech or language delay may be part of a more general developmental delay.

Whatever the reasons behind the speech or language problems, a child with deficits in one or more of these communication areas may feel frustrated, confused, even angry at not understanding or not being understood by other people. A child who has a speech or language delay is like any other child who needs to use extra effort to achieve speech or language. As a child care provider, you can do several things to help the process.

It is important to differentiate between language delays or language deficiencies and language differences. Do not pressure, criticize, or correct a child’s efforts. The same language-rich environment that facilitates language development for children with language delays will be the most helpful environment for a child learning English as a second language.

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Strategies for inclusion

The American Speech Language Hearing Association has practical tips for parents and child care providers to help use language appropriately. They make the following suggestions:

- Ask questions. For example: “What did you do?” “What do you want?” and “Tell me about ...”
- Respond to a child’s intended message rather than correcting it.
- Provide an appropriate model in your own speech.
- Take advantage of naturally occurring interactions to increase use of language.
- Provide visual prompts such as pictures, objects, or a story outline to help a child tell a story in sequence.
- Encourage a child to rephrase or revise an unclear word or sentence.

Ways to enrich language

Every child benefits from an enriched language environment, and a child care setting is a perfect child-centered environment in which to provide this enrichment. Enrichment does not have to be a formal “therapeutic” activity. Many therapists believe that young children with language learning difficulties can gain new competency through natural, meaningful interactions with other children and adults and, in fact, research has shown that children in enriched language environments can make significant language gains through intentional language-rich activities.

Because you are with a child on a regular basis, you can be an important part of a child’s speech and language treatment by following suggestions from the child’s speech therapist. Here are other ways you can enrich language through

- **Play activities**—Some play activities lend themselves to enhanced language interactions. Games, dramatic play, block play, songs, and stories can all be focal points— with the adult being the catalyst for productive communication.
- **Self-care activities**—Waiting in line to use the sink or bathroom is a perfect opportunity to enrich language. Tell stories, make up rhyming words, sing the alphabet song while you wait, count fingers, toes, or the number of children, and talk about colors.
- **Eating activities**—So much conversation can happen around an eating activity. Sitting around a

table with other children as an adult peels an orange, cuts an apple, or divides portions can be powerful language stimuli. Conversation about sizes, shapes, colors, favorite foods—any number of topics are natural topics of conversation.

■ **Classroom activities**—Reading books, acting out familiar stories, making rhymes, singing songs, having children make up stories and “write” books are not new activities, but they certainly promote language and speech.

You can be positive rather than negative in the ways you encourage language. Telling a child “No, that’s wrong” does not encourage a child to try again. Don’t criticize, reprimand, drill or lecture. Instead, make a child want to communicate because the interaction is rewarding.

Here are some examples of interactions with a boy named Shawn who has a speech and language problem.

Because it’s important to give a child lots of opportunity to use language, silence may be part of the communication strategy. For example, Shawn wants his coat buttoned and silently stands looking at his caregiver, who kneels down, smiles, makes eye contact, but waits a few moments before saying, “Shawn, what do you need?”

She does not anticipate Shawn’s need, even though she does know that Shawn wants help with his coat. When Shawn doesn’t answer, she says, “Shawn, do you want help with your coat?” Shawn nods. The caregiver prompts, “Tell me ‘coat’.” Shawn says a word approximating coat, and the caregiver says, “Yes, coat. Here, let me help you with the buttons.”

When Shawn, who uses many two and three word sentences, says something to the caregiver, she **listens** to what he says with her whole attention. She then **expands** on what he says. When he tells her, “Falled down,” she replies, “Yes, I saw that Janie fell down, but she’s okay.” (The correction was made in a conversational voice.)

Here are some other tips that could be used in Shawn’s case:

■ **Use self-talk.** Talk about what you do as you do it, like a television chef who describes every step of the cooking process for the audience. “It’s time for lunch. Now I’ll put the forks on the table. Now I’ll put the spoons next to the forks.” (During this one-sided conversation, pause after each statement so that Shawn can respond.)

■ **Use parallel talk.** When Shawn puts the books on the shelf, talk about what he’s doing. “Shawn, you put the books away so carefully. I like the way you

put the big red book on the bottom.”

■ **Use corrective echoing.** When Shawn says, “Her flew dat ball.” You can say, “You saw Janie. She threw the ball.” (Slightly exaggerate the “th” sound.)

■ **Use language enrichment.** Listen, expand and model what Shawn and other children say. Don’t make corrections directly, but incorporate the correction into your response. Here’s an example, based on a conversation in the book, *Adapting Early Childhood Curricula for Children with Special Needs* (see the Technical references section for more information, or check with you local library for a copy).

Caregiver: “Good morning Shawn. I see you brought your doll today. Do you want to take her coat off?”

Shawn: “Me do. Coat dirty.”

Caregiver: “I know you can take her coat off. Her coat is dirty, isn’t it? We can brush the dirt off.”

Shawn: “Wed shoes.” (Pointing to her new shoes.)

Caregiver: “I like those new red shoes. They are shiny.”

Resources for caregivers

For more information, contact the American Speech-Language-Hearing Association (ASHA), 10801 Rockville Pike, Rockville, Md. 20852, (800) 638-8255 or (301) 897-8682.

Technical references

Allen, K.E. (1992). *The Exceptional Child: Mainstreaming in Early Childhood Education*, Second edition. Delmar Publishers, [city?]].

Cook, R.E., A. Tessier, and V. Armbruster. (1987). *Adapting Early Childhood Curricula for Children with Special Needs*, Second edition. Merrill

Publishing Company, [city?]].

Schwab, S., and J.H. Miller. (1996). *The New Language of Toys: Teaching Communication Skills to Children with Special Needs*. Woodbine House, [city?]].

More information

This publication is part of a series, *Caring for Children with Special Needs*. You may find other fact sheets in this series with helpful information. For the most current update of these fact sheets, check the National Network for Child Care website at:

<http://www.nncc.org>

- *Caring for Children with Special Needs: Feeling Comfortable (overview)-NNCC-98-06*
- *Caring for Children with Special Needs: The Americans with Disabilities Act-NNCC-98-07*
- *Caring for Children with Special Needs: Allergies and Asthma-NNCC-98-08*
- *Caring for Children with Special Needs: Attention Deficit Disorder-NNCC-98-09*
- *Caring for Children with Special Needs: Challenging Behaviors-NNCC-98-10*
- *Caring for Children with Special Needs: Chronic Illnesses-NNCC-98-11*
- *Caring for Children with Special Needs: Developmental Delays-NNCC-98-12*
- *Caring for Children with Special Needs: Hearing Impairments-NNCC-98-13*
- *Caring for Children with Special Needs: HIV or AIDS-NNCC-98-14*
- *Caring for Children with Special Needs: Physical Differences and Impairments-NNCC-98-15*
- *Caring for Children with Special Needs: Seizure Disorders-NNCC-98-16*
- *Caring for Children with Special Needs: Speech and Language Problems-NNCC-98-17*
- *Caring for Children with Special Needs: Visual Impairments)-NNCC-98-18*



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Also see the National Network for Child Care web site:

<http://www.nncc.org>

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