

# Down syndrome - The Early Years

## Teaching Your Child to Talk



After arriving home with your new baby with Down syndrome, many questions will arise regarding your child's speech and language development. There is cognitive impairment and motor delays associated with the condition that will definitely impact your child's receptive and expressive speech development. Be reassured that the majority of children with Down syndrome can learn to talk clearly. However, it will take longer to achieve developmental milestones and specific skills will require more teaching and repeated practice. The hope is that each child will learn to speak up with confidence and that dream is becoming a reality, as more families access speech-language therapy and children are fully included at home, school and community life.

The most valuable gift that parents can bestow on their child is unconditional love and acceptance of the disability. No two children are alike and your child's development will be affected by genetics, general health, medical conditions, personality and family dynamics. Remember that those differences are the similar to the wide range of abilities we see in any group of children. Your child has an extra chromosome but always remember he is more like family than another child with Down syndrome. He inherited a whole set of genes! Experts can predict that your child will learn but they cannot tell you how much or when. They can reassure you that the majority of individuals with Down syndrome are capable of becoming lifelong learners. You can expect your child to learn to walk, talk and go to school with their peers. The most important thing you can do for your baby is to welcome him or her into a caring family and accept that the Down syndrome will not go away.

In the first year of life the foundation for speech and language development is established. The bond formed by eye contact is magical and that communication is the first and most important step in early language development.

The best way to establish eye contact with an infant is by talking and singing. Regular close contact, such as rocking and snuggling, establishes an intimate bond that nurtures social interest and communication. A baby will make cooing noises to show contentment and loud noises to tell you he or she is hungry or mad!

As your baby matures, you will notice increased interest in sounds and light. The baby starts to gaze intently at mobiles or faces that are close up. As objects move in and out of the field of vision, the baby starts to track objects that are of special interest. This increased awareness of sound and light encourages reaching and grabbing for things with two hands. A pleasant side effect is that it also encourages babies to make lots of sounds!

When you bend close to talk to your baby, you are making interesting sounds and the baby will often respond by reaching out to touch your mouth or face. Encourage this exploration and make interesting noises and funny faces for your baby to listen to and look at. Babies love noises



such as raspberries, blowing, and tongue clicking. Watching people's faces teaches a baby to smile and nothing melts a heart more than a smile of recognition from a little one!

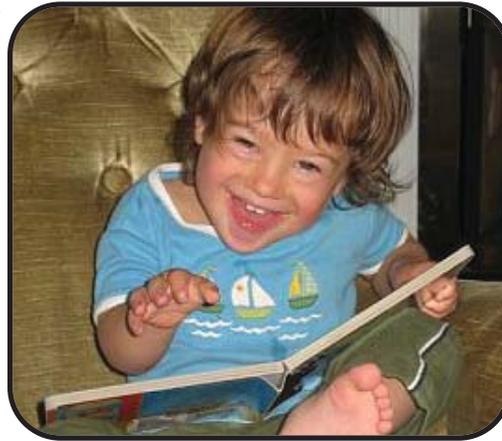
Crying, grunting and cooing sounds are often the first baby sounds you will hear. These sounds are a result of normal bodily functions. As activity and movement increases, even more sounds are made and your child will intentionally make specific sounds to communicate. The more responsive you are to your baby's sounds, the more sounds you will hear. Respond to your baby's efforts by imitating exactly the sound he or she just made. You can increase sound productions by talking as you feed, bath, dress and play with your baby. Gentle massage can also stimulate sounds of contentment.

Undifferentiated sounds (mostly vowels) are referred to by speech therapists as "falling and cooing". When a baby starts to make speech sounds (consonants such as /b/ and /m/) he or she has entered the "babbling" stage. In this stage, parents will hear a baby making lots of noises, "talking" as he or she lays in their crib playing with a toy. The baby will often repeat a favourite sound (i.e. b,b,b,b) over and over again because it feels good! This happens because babies are experimenting with the tongue and lips (articulators). During this stage it is important to maintain eye contact and practice making sounds together. Babies learn from watching and listening to you! Feel free to model a variety of different sounds and don't be disappointed if your child does not imitate you right away. After several observations one day he may just decide to surprise you!

Sounds take on meaning and thus become words through repetition and practice. The sound becomes associated with getting or doing something. Common first words are ones used often in daily routines: bottle (baba), night night (ni ni), bye bye, more and no. Remember, we first learn to say words we understand. Your baby's first spoken words will reflect what words he or she understands. A child's receptive vocabulary base can be quite large even if he is not yet talking. Let others know that your child does understand words and he is just not ready to talk. First words are differ-

ent for each child!

First words emerge at 12-14 months for typical children with boys taking longer than girls to get interested in talking. It is common for many boys to not start talking until 3 years of age. Children with Down syndrome are more likely to have first words at approximately 2 – 2½ years of age or older. It can be assumed that speech and language development will lag behind peers because of the cognitive impairment associated with Down syndrome. However, parents can expect their child with Down syndrome to follow the same develop-



mental progression in learning language. Remember that it will just take longer and the children will need more teaching and practice to learn to understand and say words clearly. To put it into perspective a typical 5 year old can speak clearly in complete sentences, while the 5 year old with Down syndrome is doing well if he has 50 or more intelligible words and is starting to use 2-3 word phrases.

Speech and language development is an essential part of the whole child development picture. It is essential to recognize that health, well being and family dynamics impact the child's social, emotional and physical well being. A healthy and happy child is ready to learn. For example, deficits in hearing and vision are common in children with Down syndrome and affect a child's interactions with both people and the environment. Early detection is the key and your child should be booked for regular vision and hearing checkups. Parents provide a firm foundation to enhance speech and language development by focusing on good health habits from an early age.

Children with Down syndrome need extra time and extra practice to learn skills that appear to come naturally to their peers. It is important teach your child to look, listen and learn. Action imitation (i.e. clapping, peek a boo) establishes social interaction and is an important



first step before imitating sounds and words. When parents practice “nice sitting” and model appropriate play with a toy (i.e. stacking, pulling, putting in), they are teaching their child learning behaviours that will lengthen attention span and encourage action plus sound imitation. It is recommended that you schedule play time into your daily routines. Regular play times together are a wonderful opportunity to note your child’s increased confidence and competency in learning.

At a young age, children feel most comfortable and confident with their parents, so professionals are often more effective in a coaching role. Regular consultations can be just as or more effective than direct therapy, as parents are encouraged to hone their skills and take the lead role in teaching their child. Incorporating fun strategies and natural tech-

niques into daily routines at home provides the repeated practice infants and toddlers thrive on. Repetition leads to mastery and parents are facilitating speech and language development by:

- a) encouraging and expecting eye contact
- b) talking and listening to their child
- c) setting time aside daily to play with their child
- d) introducing sound and action imitation games as early as possible
- e) introducing music and song at a young age
- f) stimulating motor development with developmentally appropriate toys and activities
- g) facilitating social interaction with peers (i.e. mom and tot play groups)
- h) becoming knowledgeable about normal child development
- i) keeping baby healthy (e.g., regular medical, hearing and vision appointments)
- j) reading every day to their child
- k) teaching others what their child is capable of, sharing the good news
- l) encouraging others to interact and play with the child
- m) celebrating “baby steps” with family and friends



Parents who have questions about speech and language development are encouraged to contact their local speech-language pathologist for advice on home stimulation activities. Reading and becoming familiar with normal child development helps parents recognize developmental milestones. If a plateau or regression in skill development is noticed, parents are encouraged to contact their family physician or pediatrician for a checkup and consider a referral for individual speech-language therapy.



**Learning to talk is a family affair!**

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# NOTES

## Speech Sample

*Include vowel and consonant sounds you hear in your child's spontaneous vocalizations, word approximations that you consistently hear (e.g., Da for Daddy)*

Date: \_\_\_\_\_

What did we hear our child saying today?

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Date: \_\_\_\_\_

What did we hear our child saying today?

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Date: \_\_\_\_\_

What did we hear our child saying today?

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Date: \_\_\_\_\_

What did we hear our child saying today?

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Questions I still need to ask...

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