

Early communication development: How early can you start with speech and language therapy?

Anne Watson & Nicola Hart, Senior Speech and Language Therapists, Down Syndrome Ireland

Every family is different. Every child is different. Every family who has a new baby needs time to adjust to the new situation. The natural anxiety that comes with a child who has Down syndrome will play out differently in different families. Some will look for immediate information and support, others will need some time to process the (often unexpected) additional challenges, others will be focusing on more pressing health issues. Often families look for Speech and Language Therapy support when a child is starting to try to communicate using gestures or sounds, but really, communication development begins at birth, and there are many ways that you can support this development.

Communication development:

Babies communicate from birth. You are communicating with and learning about your baby from the very beginning. Initially, the communication is reflexive,

like crying when uncomfortable. This gradually develops into more intentional communication, where your baby is making sounds or movements to try to tell you something.

The development from unintentional to intentional communication is something that your Speech and Language Therapist can help you with. Babbling is often seen by parents as the first stage in learning to talk, but the earlier skills of looking, paying attention to faces, taking turns, and starting to make sense of the world around are vitally important. Opportunities for learning these skills happen naturally, but their importance should not be underestimated. Babies with Down syndrome will need more opportunities to practice. More time and repetition. It's sometimes more difficult to keep remembering to talk to a child who takes longer to respond, so there might be fewer opportunities for your child to practice unless you are aware of the importance. It is useful to see a Speech and Language Therapist sooner, rather than later, if possible, to talk about building in these opportunities to your daily routine, giving your baby additional time to respond and ensuring that they have many chances to learn and practice. Your therapist can help you to break down the stages of communication, so you can see where you are at, what is the next step, and how you might get there.

Sometimes families think that it is too early to start therapy until the child is attempting to talk, but there is a huge amount of interaction happening before this stage. Don't put off seeing a therapist until your child is frustrated. It is possible to support early communication and interaction skills before speech.

Feeding:

Your speech and language therapist will also give advice on developing feeding skills and will refer on to a specialist service if there are specific feeding concerns.

The next edition of the magazine will feature an article on feeding.



Some early communication targets, and how you could help your child to learn:

0-6 months

Communication Targets: interaction, eye gaze, joint attention

How? Make sounds, play, sing, copy your child's sounds and facial expressions, take turns, be responsive. Gestures and facial expression are important. Take time to enjoy interacting with your baby, and make sure to allow a bit of extra time for them to respond.

Around 6-18 months

Communication Targets: as above, plus making sounds (babbling) and beginning to understand early words

How? Keep doing all of the above. Add in a few Lámh signs, choosing frequently used, high interest words, and using daily routines to connect the word and the sign with the object or action. Don't expect your child to copy signs or sign back at this early stage.

See and Learn Speech (DSE) is a programme specifically devised for children with Down syndrome which targets early speech sound development. Talk to your therapist about whether this might be helpful for your child.

Around 1-3 years

Communication Targets: building vocabulary and encouraging two-way communication.

How? Keep doing all of the above. As your child begins to show understanding of a few words and signs, begin to look out for and encourage attempts to use signs and sounds. Create opportunities for your child to use the signs and words that they know (eg blow bubbles, then stop. Wait to see if your child will attempt to say sign 'more' or 'bubbles') Add in more Lámh signs to daily routines. Focus on just one or two new signs at a time. Use lots of repetition.

Follow your child's lead, watch them, and talk about the things that they seem interested in. Introduce books. These can be home-made books of family pictures, or simple picture books. Story time is a great opportunity for communication and a very useful routine to establish as early as possible. You don't need to read all the words, just looking at books and talking about the pictures is a good start.

Around 2-4 years

Communication Targets: building vocabulary, encouraging meaningful communication, introducing pre-reading and early reading activities.

How? As your child's speech develops, begin to fade out any signs which they no longer need (so stop signing words that are now fairly consistent and recognisable when spoken). Continue introducing new signs and words as above. (Still one or two at a time, with lots of repetition).

Once your child has a vocabulary of around 50 words or signs, start to encourage the use of two words or signs together (eg daddy's car, big ball, my drink..)

At this stage, early reading activities like matching pictures and matching words should also be introduced (see DSE 'See and Learn' programme- also available as an app: 'special words') This system has been specifically devised for children who have Down syndrome, and can be adapted to include personal words which are relevant to your child. Early reading, like signing, taps into the visual learning strengths of children with Down syndrome. If you already have a habit of reading stories together, this can be easily expanded to include early word recognition.

*Children are individuals,
and will move through
these steps at their own pace.
Some will need
longer in each stage.
All ages are approximate!*