MY CHILD WILL NOT TALK

Dr Naomi Gerson-Sofer
Consultant Community Paediatrician
Greenwich Community Paediatric Services

Improving lives
Learning points

• What are possible causes of speech delay
• What questions to ask and which behaviours to look for
• Which investigations to do initially
• When referring to Community Paediatricians for further assessment – what information is important?
How do babies learn to speak?

All human languages have rules which determine their grammar, their tune or music (“prosody”) and the range of sounds used.

Babies absorb these rules through a natural process of hearing and learning.

How infants and children master the rules of language, which we as adults would need lessons for, is one of the miracles of nature which we still do not understand well.
We use a wide range of non-verbal signals, such as eye contact, facial expression, body posture and gestures to “regulate” interaction with others.

These will be similar in all babies, regardless of their ethnic and cultural background.

Babies imitate facial movements from the very first weeks of life.

All normally developing babies use non-verbal behaviours to regulate social interactions. This ability may be impaired in autistic children.
What does a baby need to develop their language?

- someone “special” to talk to them
- ability to hear speech sounds and discriminate between them
- ability to understand the spoken message

What if the need is not met?

- Language delay
- Language delay
- Language delay

Any child with speech delay should be referred for hearing test
What baby needs for language development

- Functional **vision** –
  - to identify speech partner,
  - to imitate facial expressions and mouth movements,
  - to learn to link between objects they see and their names

- Ability to **plan and execute** the complex motor actions of speech which involve facial, lip and tongue movements

If the need is not met

- Blindness or severe vision impairment
  → language delay

- Oral motor difficulty (ie cerebral palsy, facial nerve palsy)
  → language delay
Motor activity – movements of torso and limbs

Smile – facial expression – learned from imitation (requires vision)

Babies get excited when humans interact with them

Response to this affect

Vocalising -
this is the basis for babbling which, when reinforced, later evolves → syllables → words → sentences

Babies get excited when humans interact with them.
Video clips

• Blind baby
• Normal 10 month old
• 2 year old with expressive speech delay and normal comprehension
• 22 month - autistic
• 2 year old with global developmental delay
“My child does not talk”

What does the parent mean?

Clarify:

• Does the child say no words at all?
• Does the child say just a few words at an age when they are expected to be joining words to build a sentence?
• Is the child talking but their speech is unclear?
• Does the child want and try to share and communicate?
What to look for / ask about

• Does the child hear well? (deaf? → audiology)

• Does the child understand what is being said to them? If language comprehension is delayed – need to assess whether just their language is disordered, or are other areas of development delayed →
  Global Developmental Delay

• Does the child want to communicate? (autism? → ask about other features below)
Some questions which may help to target autism

• Does the child try to communicate using non verbal means – gesturing, pointing?

• Do they make eye contact regularly? How often?

• How frequently do they seek social response? encouragement? cuddle?

• Is the child showing pretend play or symbolic play?
Autism spectrum disorder

- Disorder of social interaction, communication, language and behaviour
- ASD typically presents in childhood, however sometimes the impact may become apparent only when social demands increase, i.e., on entry to nursery or in school
- In the UK, it's estimated ~1:100 people has ASD.
Main difficulties in autism

• Difficulties with **social interaction and communication**, developing peer relationships, understanding and being aware of other people's emotions and feelings;

• Poor use of non-verbal “language” to regulate interaction (ie gaze avoidance, no expressive gestures or pointing);

• Often, although not always, presents with **delayed or impaired language skills**;
- When speech is present, it may be non-communicative ("jibberish"), using "canned phrases", echolalia and often speaking in an unusual "tune" or rhythm ("singsong" or "robotic", sometimes sounding like a foreign language).

- Later on, an inability to hold a meaningful 2-way conversation (requires listening, taking turns; they might only talk about their own topics).

- Restricted and repetitive patterns of thought, interests and physical behaviours, such as hand flapping, spinning objects, and becoming upset if their set routines are disrupted.
A typical referral might read like this:

“A” shows limited interest in other people and does not initiate interaction with others.

“A” uses only a few words and does not know how to request something that he wants. He does not seem to understand, or responds only occasionally.

His eye contact is fleeting or absent.

“A”’s teacher reports that it is very difficult to engage “A” in interactions with peers and adults. He does not attend to instructions, play opportunities or engage in class activities.

“A” is "in his own world" most of the time.
How to assess the child who does not talk?

- Family history (deafness?)
- Pregnancy and perinatal risk factors (i.e., intrauterine infections, drugs, prematurity, neonatal asphyxia, neonatal sepsis etc.)
- Test hearing (audiology)
- Refer for speech and language assessment
- Question parent about behaviour patterns – does the child attempt to communicate (verbally and non-verbally)?: are they avoidant / aloof / display unusual behaviours?
- When referring to Community Paediatricians – please provide as much background information as possible