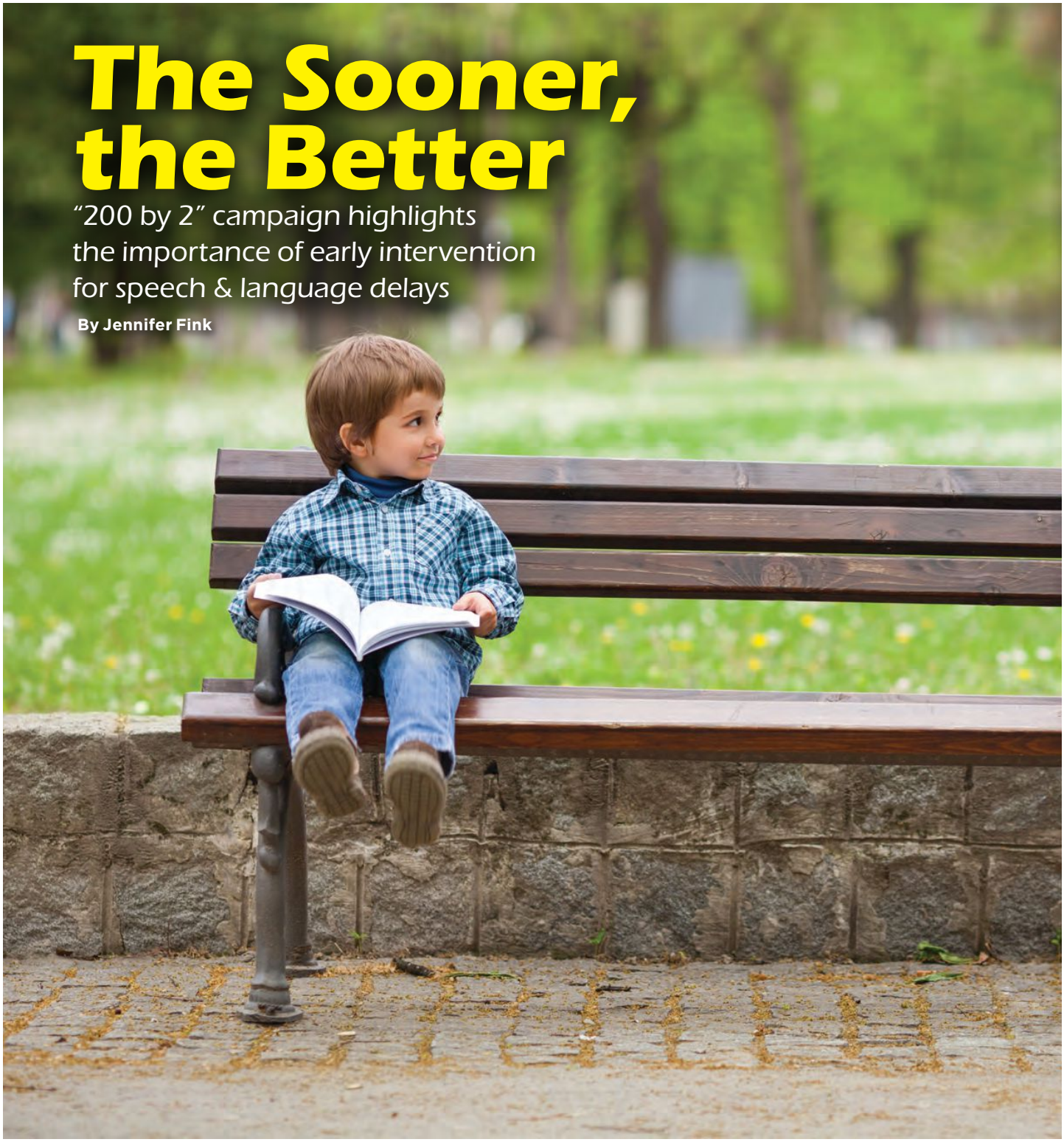
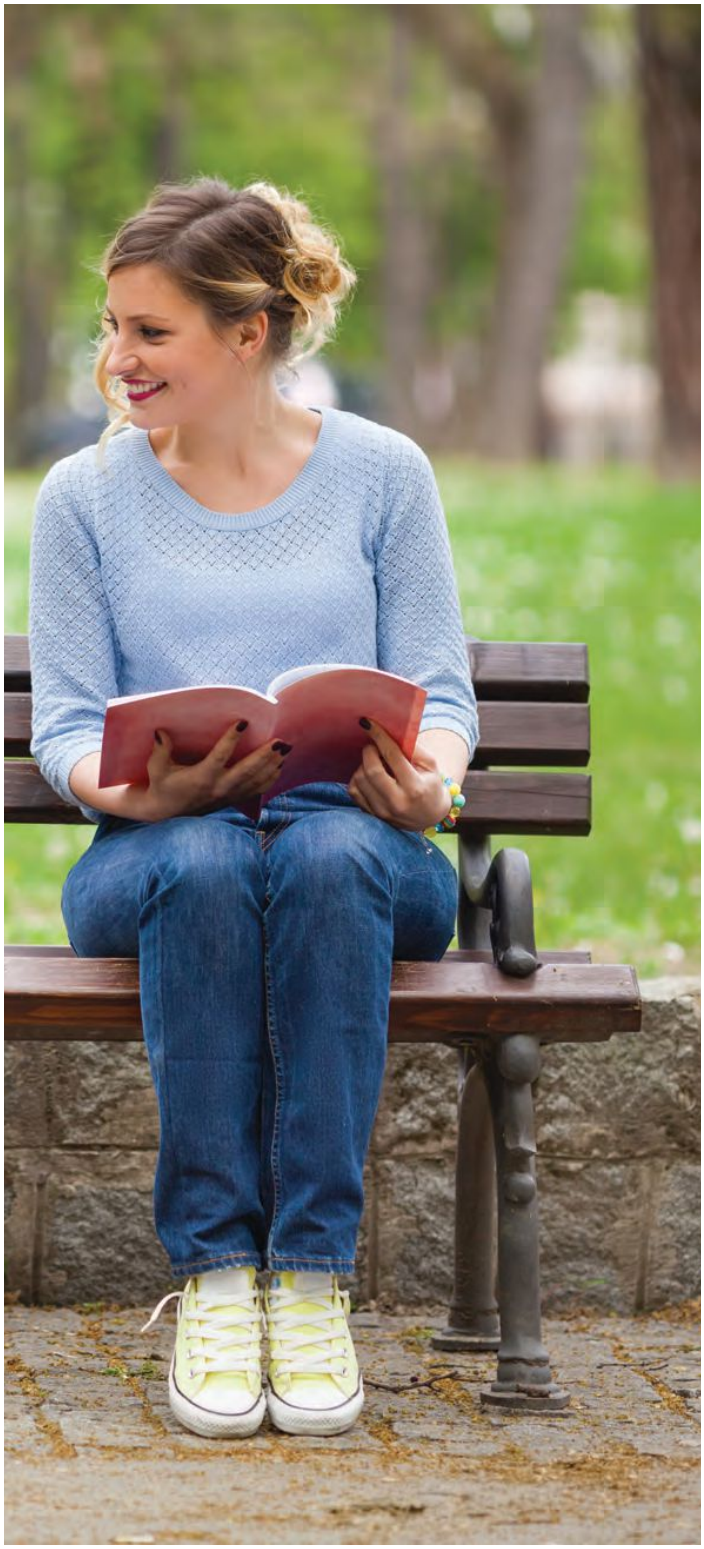
The Sooner, the Better

"200 by 2" campaign highlights the importance of early intervention for speech & language delays

By Jennifer Fink





You probably know that 2-year-old children should have a vocabulary of approximately 200 words and combine words into two-word sentences. Many parents, however, do not. And sometimes, parents who do express concern about their children's language development are offered vague reassurances such as "boys talk later than girls" or "she'll outgrow it."

Although well-meaning, such advice is contrary to established science, which has consistently noted a strong link between expressive language development and later academic success. "When you get into the research and literature, you find that there's a big relationship between delayed language and learning," says Deb Swain, Ph.D., CCC-SLP, chair of CSHA's Early Intervention Committee and clinical director of The Swain Center. Delayed acquisition of expressive language hinders early learning, while on-target language development seems to enhance learning.

The link between early language development and learning isn't well-known beyond certain academic and clinical circles, so in 2017, CSHA established an Early Intervention Committee. The committee's goal: to educate the public about the importance of early identification and intervention for speech and language delays. "We really need to help parents and other professionals understand the importance of speech and language development," Swain says.

The hope is that increased public awareness will translate into improved outcomes for children, families and the state of California. "When a child catches up in terms of language skills, he can catch up in other areas," Swain says. "I'd rather err on the side of jump-starting

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their speech and language with six months of speech therapy at age two versus having a child spend 10 years in special education because he has problems with learning resulting from delayed language development."

Why age two is a critical time for intervention

Children, of course, are unique individuals who develop according to their own innate timetable. Some are walking and talking at age one; others don't walk independently until well after their first birthday and may say very little even at age two. Although most children develop according to roughly the same sequence, there's wide variation in the ages at which children achieve certain development milestones.

This variability has led to confusion, and, in some cases, delayed intervention. "There are so many situations where children are not meeting their milestones, but parents and caregivers aren't educated on what to look for," says CSHA member Audra Elliot, MS, CCC-SLP, director of supervision and program development at Communication Works.

According to the American Academy of Pediatrics' Bright Futures guidelines, 2-year-old children should:

- Use 50 words.
- Combine two words into short phrases or sentences.
- Follow two-step commands.
- Name at least five body parts.
- Speak in words that are 50 percent understandable to strangers.

Between ages two and three, a child's vocabulary should grow to at least 200 words. "Not having 200 words by 24 months of ages is OK, but between two and three, they should get to 200. By age 3, most children speak hundreds of words, to the point that you can't even count them," says Parul Bhatia, M.D., FAACP, clinical associate professor of pediatrics at USC's Keck School of Medicine and a member of CSHA's Early Intervention Committee.

Monitoring developmental milestones—and responding to delays—is crucially important because children's brains undergo massive growth between birth and age three. "The neurons are making new connections at an extraordinary rate, and pruning connections that aren't used," Dr. Bhatia says. A child who has a severe visual problem due to a lesion on their eye may never develop normal sight if the lesion isn't corrected in the first year or two, Bhatia says. If the lesion isn't fixed until later in life, "the child's vision may never normalize because the appropriate brain connections weren't made," she explains.

The same seems to hold true for speech and language development. According to Bhatia, the most significant predictor of a hearing-impaired child's acquisition of expressive language is the age of identification and intervention, not the degree of hearing loss. "Someone with a 90-decibel hearing threshold who is identified in the first few months of life will actually have a much better language outcome and later academic achievement than a child with a 50-decibel threshold who is identified later," Bhatia says.

Professional outreach

At present, parents and guardians who have a concern about a child's language development are most likely to mention the issue to a caregiver or healthcare provider. Unfortunately, these professionals often receive little formal education regarding speech and language development.

"Too many times, we're finding instances of 2-year-old children who have only 10 or 20 words and aren't linking them together, and everybody's okay with it," Swain says. Often, healthcare professionals advocate a "wait and see" approach, particularly if the child has passed his newborn hearing screening and has no other identifiable health issues.

"People mistakenly think children are going to outgrow it," Bhatia says.

As experts in speech and language, SLPs are well-poised to educate other professionals, including pediatricians, educators and childcare providers.

"We're not criticizing or being judgmental; we're simply saying, Hey, we all need to make sure these children are meeting their milestones. If a child isn't, let's get her evaluated, just to play it safe," Swain says.

Physicians and other professionals who have concerns about a child's speech should refer the child to an audiologist and a speech language pathologist, rather than simply suggesting ways parents and caregivers can build language skills. "Sometimes we as providers prescribe our own 'speech therapy,' but it should be done in collaboration with a speech language pathologist," Bhatia says. "If I hear something with the heart

that's concerning, I send the patient to a cardiologist. If I see something in language that's concerning, I should send the patient to a language specialist."

Family education

To help spread awareness about developmental milestones and the need for early intervention, CSHA has produced an informational video called *200 by 2*. Developed with funding from ASHA and CSHA, and the dedicated effort of many CSHA volunteers, the short video will be released in 2019.

200 by 2 features children and families from a variety of backgrounds, in a plethora of real-world settings. Many of us, for a variety of reasons, may not learn best from printed materials that state milestones and developmental expectations. Elliot says, "This video shows what language development looks like." An English language version is already complete, and Early Intervention Committee members are preparing a Spanish version as well. In the future, the video also may be available in other languages.

The Early Intervention Committee plans to make the video available to pediatric offices, community clinics, speech-language pathology centers and clinics, audiology centers and community centers; CSHA will post the video on its website and share it via social media.

"We felt this video would be an excellent way to get the word out because so many families go to their healthcare provider for well child or sick visits," Elliot says. "We thought clinics would be a perfect venue to reach a captive audience and hope the video will resonate with parents. The hope is that when they go into the exam room to see their healthcare provider, they will ask follow up questions."

Improving access to services

Identifying children in need of evaluation and early intervention is one thing; providing appropriate and timely services is another, particularly in the midst of a widespread shortage of speech-language therapists. (According to a 2018 report by the Legislative Analyst's Office, "California lags nearly all states in providing timely services. Many infants and toddlers wait weeks or even months before being placed in the appropriate program, during which time they do not receive services.")

To bolster capacity and increase the availability of services, CSHA's Early Intervention Committee has worked closely with the Department of Developmental Services (DDS) to gain approval for the use of ASHA clinical fellows and registered California speech-language pathology assistants (SLPAs) as providers of early intervention services in the home environment.

"We have 21 regional centers throughout the state; some allowed SLPAs to provide early intervention services and others didn't," says Elaine Fogel Schneider, Ph.D., CSHA vice president of professional services. The discrepancy was due to the fact that SLPAs were not listed in the Title 17 regulations that outline who can provide early intervention therapy—not because SLPAs are not qualified to provide such services, but because the field of speech language pathology assistants was not around when the regulations were written.

Approximately eight years ago, the state Interagency Coordinating Council (ICC) on Early Intervention cooperatively produced a paper which recommended using SLPAs to meet the need for speech and language intervention. Nothing happened as a result—until CSHA took action.

"We know there's a shortage of providers who can provide services for early intervention, and we knew there were SLPAs who are qualified but not being utilized," says Schneider. "We determined this was a strategic need of CSHA: to ensure that SLPAs are recognized as approved providers for Early Start services."

Schneider worked on the ICC committee that originally recommended approval of SLPAs and still had connections within DDS, so when CSHA's Early Intervention Committee formed, she helped get the ball rolling. That, says Abe Hajela, a partner with Capitol Advisors Group, made all the difference. Capitol Advisors Group is CSHA's contract lobbying firm.

"Advocacy is always best when it comes from the practitioners," says Hajela. "Elaine had a good working relationship with Jim Knight at DDS and set up an in-person meeting."

Over the last two years, Schneider, Hajela, Caitlin Jung (another member of the Capitol Advisors team) and members of the Early Intervention Committee met with decision-makers in Sacramento and online to hammer out a revised version of Title 17. The updated version includes SLPAs as approved providers of early speech language intervention services. Thanks to their efforts, it's expected that SLPAs will be legally allowed to provide early intervention services through all of California's regional centers, beginning in early 2019. "This change will benefit children and families, and that's what we're here for," Schneider says. "We're here to serve children and their families, and to always do so when it's most impactful for the child."

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