



Believing  
in a Child's  
Potential to  
Flourish

A Child's Place

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Occupational Therapy  
Speech Therapy

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## Receptive Language Disorder

*Understanding & Early Detection*



Bonnie Hacker, MHS, OTR/  
Founder / Director

When parents think of language, they often think of verbal expression. This commonly limited concept of language can make early detection of receptive language disorder more challenging. Language is actually the conceptual processing of communication, covering both expression and reception. Receptive language involves the understanding of incoming communication whether that communication is speech or gestures. Five to ten percent of children age two to seven have language delays that warrant a thorough speech/language assessment.

The American Academy of Pediatrics practice guidelines state that all children with suspected speech and language delay should be referred to a speech-language pathologist or other program for formal assessment.<sup>1</sup> While language delay may be the primary challenge, delayed language development may also be secondary to hearing loss, autism spectrum disorder, brain injury and other concerns. Regardless, early identification and treatment is generally considered to accomplish the best and most efficient outcomes.



### Red Flags Suggesting Need for Immediate Speech-Language Evaluation<sup>2</sup>

- **15 Months:** Does not look or point to five to ten objects or people when named by parents.
- **18 Months:** Does not follow one-step directions.
- **24 Months:** Does not point to pictures or body parts when named.
- **30 Months:** Does not verbally respond or nod/shake head to questions.
- **36 Months:** Does not understand prepositions or action words. Does not follow two-step instructions.

Children raised in a bilingual environment will typically need to reach the age of five before they will have the same proficiency in any one language as a single-language child of age four.<sup>3</sup> However, in terms of receptive language milestones, bilingual children should be referred based on the same criteria as monolingual children.

A formal evaluation by a pediatric speech-language pathologist will help determine whether there are receptive/expressive language delays, the extent of the language delay and how they are affected by various factors including attention deficit, hearing deficits, vision deficits, memory challenges, brain injury, developmental disorders such as autism spectrum disorder, etc. Then, the most effective treatment plan can be established. Our speech-language pathologists can teach parents to use language strategies that will reinforce the skills learned during treatment sessions.

### Integrating Occupational and Speech Therapy

Many pediatric challenges benefit from the combined expertise of occupational and speech therapy. Emerge provides a more comprehensive pediatric therapy approach by integrating services from both occupational therapists and speech therapists.



Please tell parents about Emerge – A Child's Place  
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