

TREATMENTS AND THERAPY FOR SPEECH DELAY CHILDREN: A LITERARY STUDY

Munawwir Hadiwijaya IKIP budi utomo

SUBMISSION TRACK

Submitted : 24 November

2022

Accepted : 03 December

2022

Published : 18 December

2022

KEYWORDS

Speech delay; treatments; therapy

CORRESPONDENCE

E-mail: mr.awinwijaya@gmail.com

ABSTRACT

Treatment for speech delay typically involves working with a speech-language pathologist (SLP) to develop an individualized plan for the child. The treatment plan will depend on the type and severity of the speech delay and may involve a combination of different approaches, such as: Articulation therapy, Language intervention therapy, Oral motor therapy, Augmentative and alternative communication (AAC), and Play-based therapy. In addition to working with an SLP, parents can also play an important role in the treatment of speech delay by practicing speech and language activities at home with their child. It's important to work closely with the SLP to ensure that the child receives appropriate and effective treatment for their specific needs.

Introduction

Speech delay refers to a delay in the development or use of the skills necessary for speaking and communicating with others. It can occur in children who have otherwise normal development, and it can be caused by a variety of factors such as hearing loss, developmental disorders, or neurological conditions. Speech delay may result in difficulty with articulation, pronunciation, grammar, and vocabulary, which can impact a child's ability to communicate effectively with others. Early intervention, such as speech therapy, can help children with speech delay improve their language skills and communication abilities.

According to experts, speech delay is a condition where a child has difficulty with speech and language development compared to other children of the same age. The American Speech-Language-Hearing Association (ASHA) defines speech delay as a "developmental delay or disorder in which a child's ability to produce speech sounds that are typical for their age is delayed or disordered."

Speech delay can affect a child's ability to communicate effectively with others, and it can lead to frustration, social difficulties, and academic challenges later in life if left untreated. It is important to note that speech delay is not the same as a speech disorder or language disorder, which are more severe and may require more intensive interventions.

Experts recommend that parents and caregivers seek an evaluation from a speech-language pathologist if they suspect their child may have speech delay, as early intervention is key to improving outcomes for children with this condition.

There is no one specific cause of speech delay, as it can be caused by a variety of factors. Some of the most common causes of speech delay include:

1. Developmental delays: Some children may simply have a developmental delay that affects their ability to develop language and communication skills at the same rate as their peers.





- 2. Hearing loss: Children with hearing loss may have difficulty developing language and communication skills, as they are unable to hear and process speech sounds.
- 3. Neurological disorders: Some neurological disorders, such as cerebral palsy, autism spectrum disorder, and Down syndrome, can affect a child's ability to develop language and communication skills.
- 4. Intellectual disability: Children with intellectual disability may have difficulty developing language and communication skills, as well as other developmental delays.
- 5. Environmental factors: Environmental factors, such as poverty, lack of stimulation, and neglect, can also contribute to speech delay.

It is important to note that in many cases, the cause of speech delay is unknown. However, a qualified speech-language pathologist can work with parents and caregivers to evaluate a child's needs and develop an appropriate treatment plan. Early intervention is key in addressing speech delay, as it can help to improve outcomes and prevent further delays.

While it is normal for children to develop at different rates, parents should be aware of the signs of speech delay and seek professional help if they are concerned. Early intervention is key in addressing speech delay, as it can help to improve outcomes and prevent further delays.

If a child is not meeting developmental milestones for speech and language, it is important to consult with a qualified speech-language pathologist. A speech-language pathologist can evaluate a child's needs and develop an appropriate treatment plan, which may include speech therapy and other interventions.

It is also important to note that in many cases, speech delay is a temporary condition that can be addressed with appropriate treatment. With the right support and intervention, many children with speech delay are able to develop strong language and communication skills.

The Symptoms of Speech Delay

The symptoms of speech delay can vary depending on the age of the child and the severity of the delay. Some common signs and symptoms of speech delay include:

- 1. Limited vocabulary: A child may have a smaller vocabulary than other children their age and struggle to learn new words.
- 2. Difficulty with pronunciation: The child may have difficulty pronouncing certain sounds or may leave out sounds or syllables.
- 3. Problems with grammar: The child may struggle with using proper grammar, such as using incorrect verb tenses or word order.
- 4. Inability to form sentences: The child may have difficulty putting words together to form sentences.
- 5. Difficulty with social interactions: A child with speech delay may have difficulty communicating with others, leading to social difficulties and frustration.
- 6. Frustration and tantrums: If a child cannot express themselves effectively, they may become frustrated and have frequent tantrums.
- 7. Difficulty understanding instructions: The child may have difficulty understanding and following instructions.





It is important to note that some children may exhibit some of these symptoms and still be within the normal range of development. However, if a child's speech delay is causing difficulty with communication and social interactions, parents should seek evaluation and treatment from a speech-language pathologist.

Kinds Of Speech Delay

There are several different kinds of speech delay that can affect children. Here are some common types:

- 1. Expressive speech delay: This is the most common type of speech delay, where a child has difficulty expressing themselves through speech. Children with expressive speech delay may have a limited vocabulary, difficulty forming sentences, and struggle with grammar and pronunciation.
- 2. Receptive speech delay: Receptive speech delay refers to difficulty understanding language. Children with this type of delay may have trouble following directions, identifying objects or pictures, and understanding language in social situations.
- 3. Speech sound disorder: Speech sound disorder involves difficulty producing certain sounds or groups of sounds, resulting in unclear or difficult-to-understand speech.
- 4. Childhood apraxia of speech: This is a more severe speech disorder where a child has difficulty planning and coordinating the movements needed for speech.
- 5. Phonological disorder: This involves difficulty with the sound system of a language, including the ability to recognize and produce the correct sounds that make up words.

It's important to note that each child is unique and may present with a combination of these types of speech delay. A speech-language pathologist can help identify the specific type of delay and develop a treatment plan to address the child's individual needs.

Expressive Speech Delay

Expressive speech delay is the most common type of speech delay, where a child has difficulty expressing themselves through speech. Children with expressive speech delay may have a limited vocabulary, difficulty forming sentences, and struggle with grammar and pronunciation. They may have difficulty with the following: Vocabulary: They may have difficulty learning and retaining new words, and may have a smaller vocabulary than children of the same age; Sentence formation: They may struggle to put words together to form sentences or use incorrect grammar; Pronunciation: They may have difficulty pronouncing certain sounds or may leave out sounds or syllables in words; Social communication: They may have difficulty communicating effectively with others, which can lead to frustration and social difficulties; Reading and writing: Children with expressive speech delay may also struggle with reading and writing, as these skills are closely related to language development.

Expressive speech delay may be caused by a variety of factors, such as hearing loss, developmental disorders, or neurological conditions. Early intervention with speech therapy is key to improving outcomes for children with expressive speech delay. A speech-language pathologist can help identify the specific areas of difficulty and develop a personalized treatment plan to help the child improve their language skills and communication abilities.





Receptive Speech Delay

Receptive speech delay refers to difficulty understanding language. Children with receptive speech delay may have trouble following directions, identifying objects or pictures, and understanding language in social situations. They may have difficulty with the following, Comprehension: They may struggle to understand the meaning of words, sentences, and conversations; Vocabulary: They may have a limited vocabulary and may not know the names of common objects or concepts; Following directions: They may have difficulty following directions, especially multi-step directions or directions that are given in a noisy or distracting environment; Social communication: They may struggle to understand social cues, jokes, or sarcasm; and Reading and writing: Children with receptive speech delay may also have difficulty with reading comprehension and writing skills.

Receptive speech delay can be caused by a variety of factors, such as hearing loss, developmental disorders, or neurological conditions. Early intervention with speech therapy is key to improving outcomes for children with receptive speech delay. A speech-language pathologist can help identify the specific areas of difficulty and develop a personalized treatment plan to help the child improve their language skills and communication abilities. Parents can also help their child by providing a language-rich environment, using simple language, and providing visual aids and gestures to help with comprehension.

Speech Sound Disorder

Speech sound disorder is a type of speech delay that involves difficulty producing certain sounds or groups of sounds, resulting in unclear or difficult-to-understand speech. Children with speech sound disorder may have difficulty with the following: Articulation: They may struggle to pronounce specific sounds or syllables, leading to distorted or unclear speech; Phonology: They may have difficulty understanding and using the sound system of their language, such as the rules for combining sounds to form words; Intelligibility: Others may have difficulty understanding what the child is saying, even if the child is using correct grammar and vocabulary.

Speech sound disorder can be caused by a variety of factors, such as hearing loss, developmental disorders, or neurological conditions. Treatment for speech sound disorder typically involves speech therapy, which may include exercises to strengthen the muscles used in speech, as well as practice with specific sounds and words. Speech-language pathologists may also use visual aids, such as pictures or diagrams, to help the child learn how to produce specific sounds correctly. Early intervention is important for improving outcomes and helping the child develop clear and effective communication skills.

Childhood Apraxia of Speech (CAS)

Childhood apraxia of speech (CAS) is a type of speech disorder where a child has difficulty planning and coordinating the movements needed for speech. Children with CAS may have difficulty with the following: Articulation: They may struggle to pronounce sounds or syllables correctly, resulting in distorted or difficult-to-understand speech; Prosody: They may have difficulty with the rhythm, stress, and intonation of speech, which can make their speech sound choppy or robotic; Sequencing: They may have difficulty sequencing sounds and words in the correct order, which can make it difficult to form coherent sentences; and Repetition: They may have difficulty repeating sounds, syllables, or words accurately, even after practice.





CAS is caused by neurological factors that affect the brain's ability to plan and coordinate the movements needed for speech. The exact cause of CAS is not fully understood, but it is believed to be related to problems with the connections between the brain and the muscles used in speech. Treatment for CAS typically involves intensive speech therapy, which may include exercises to improve the child's ability to plan and coordinate speech movements, as well as practice with specific sounds and words. Early intervention is important for improving outcomes and helping the child develop clear and effective communication skills. A speech-language pathologist with expertise in CAS can help develop a personalized treatment plan for the child.

Phonological Disorder

Phonological disorder is a type of speech delay that involves difficulty understanding and using the sound system of a language. Children with phonological disorder may have difficulty with the following: Articulation: They may struggle to produce specific sounds or groups of sounds correctly, resulting in distorted or difficult-to-understand speech; Phonology: They may have difficulty understanding and using the sound system of their language, such as the rules for combining sounds to form words; Intelligibility: Others may have difficulty understanding what the child is saying, even if the child is using correct grammar and vocabulary.

Phonological disorder can be caused by a variety of factors, such as hearing loss, developmental disorders, or neurological conditions. Treatment for phonological disorder typically involves speech therapy, which may include exercises to improve the child's ability to produce and understand specific sounds, as well as practice with specific words and sentences. Speech-language pathologists may also use visual aids, such as pictures or diagrams, to help the child learn how to produce specific sounds correctly. Early intervention is important for improving outcomes and helping the child develop clear and effective communication skills. A speech-language pathologist with expertise in phonological disorder can help develop a personalized treatment plan for the child.

Specific Treatment for Children with Speech Delay

The specific treatment for children with speech delay depends on the type and severity of the delay, as well as the underlying cause. Here are some common treatments that may be recommended by a speech-language pathologist:

Speech therapy: This is the most common treatment for speech delay. A speech-language pathologist works with the child to improve their communication skills through exercises, activities, and games that target specific areas of difficulty. The therapy may involve working on pronunciation, vocabulary, grammar, and comprehension skills.

Parent coaching: Parents can play an important role in their child's language development. A speech-language pathologist can provide guidance and coaching to parents on how to support their child's language skills at home, such as by using simple language, providing a language-rich environment, and using visual aids to help with comprehension.

Augmentative and alternative communication (AAC): For children who have difficulty speaking or understanding spoken language, AAC devices can be used to support communication. These devices may include picture boards, electronic devices with speech output, or sign language.

Medical treatment: If the speech delay is caused by an underlying medical condition, such as hearing loss or a neurological disorder, medical treatment may be necessary to address the underlying cause.





It's important to note that early intervention is key for improving outcomes for children with speech delay. The earlier the child receives treatment, the better their chances of developing clear and effective communication skills. A speech-language pathologist can work with the child and their family to develop a personalized treatment plan that addresses their specific needs and goals.

There are several things that parents can do to help treat speech delay in their children. Here are some tips:

- a. Encourage communication: Encourage your child to communicate with you, even if it's through gestures, facial expressions, or other nonverbal means. Respond positively to their attempts to communicate, and model appropriate language use by speaking slowly and clearly.
- b. Read to your child: Reading to your child can help improve their vocabulary and comprehension skills. Choose books with simple language and vivid illustrations, and engage your child by asking questions about the story or characters.
- c. Provide a language-rich environment: Create a language-rich environment by labeling objects around the house, talking about daily routines and activities, and using descriptive language to describe the world around you.
- d. Use visual aids: Visual aids such as pictures, flashcards, and diagrams can help your child learn new words and understand new concepts.
- e. Practice speech exercises: If your child is working with a speech-language pathologist, practice the exercises they have been given at home to reinforce the skills they are learning in therapy.
- f. Be patient and supportive: Speech delay can be frustrating for both parents and children, but it's important to remain patient and supportive. Avoid criticizing or correcting your child's speech, and instead focus on encouraging their progress and celebrating their successes.

It's important to remember that every child is different, and what works for one child may not work for another. If you have concerns about your child's speech development, consult with a speech-language pathologist who can evaluate your child and develop a personalized treatment plan.

Speech Therapy

Speech therapy can be effective for treating speech delay and other communication disorders. Here are some common techniques used in speech therapy: Articulation therapy: This technique focuses on helping the child produce specific sounds correctly. The therapist may use exercises, such as tongue twisters or repetition of specific words, to help the child improve their articulation; Language intervention therapy: This technique focuses on improving the child's language skills, including vocabulary, grammar, and comprehension. The therapist may use games, storytelling, and other activities to help the child practice their language skills; Oral motor therapy: This technique focuses on improving the child's ability to coordinate the movements of their lips, tongue, and jaw, which is necessary for producing speech sounds. The therapist may use exercises, such as blowing bubbles or sucking on straws, to help the child develop their oral motor skills; Augmentative and alternative communication (AAC): For children who have difficulty speaking or understanding spoken language, AAC devices can be used to support communication. The therapist may help the child learn how to use these devices effectively to communicate; and Play-based therapy: Play-based therapy involves





using games, toys, and other play activities to help the child practice their communication skills in a fun and engaging way.

It's important to note that every child is different, and the specific therapy techniques used will depend on the child's individual needs and goals. A speech-language pathologist can evaluate the child and develop a personalized treatment plan that addresses their specific needs and goals. Consistent practice at home and in therapy sessions is also important for improving outcomes.

Articulation Therapy

Articulation therapy is a type of speech therapy that focuses on helping children improve their ability to produce speech sounds correctly. Children with speech delay or articulation disorders may have difficulty pronouncing certain sounds or may substitute one sound for another.

In articulation therapy, the speech-language pathologist works with the child to help them learn how to produce sounds correctly. The therapist may use a variety of techniques, including: Auditory discrimination: The child is trained to recognize the difference between sounds that are difficult for them to produce; Articulation drills: The child practices producing the target sound in isolation, syllables, words, phrases, and sentences. These drills may involve repetition, modeling, or feedback to help the child improve their articulation; Prompting and cueing: The therapist may use visual or tactile cues to help the child learn how to produce the target sound correctly; Contextual intervention: The child practices using the target sound in natural contexts, such as conversations or storytelling; and Home practice: The child may be given exercises to practice at home to reinforce what they are learning in therapy.

Articulation therapy can be effective for improving a child's speech clarity and intelligibility. However, the success of the therapy depends on several factors, including the severity of the speech disorder, the child's motivation and interest in the therapy, and the consistency of practice at home and in therapy sessions.

Language Intervention Therapy

Language intervention therapy is a type of speech therapy that focuses on improving a child's language skills. Children with language delay or disorder may have difficulty with vocabulary, grammar, sentence structure, and comprehension. Language intervention therapy helps children develop these skills to improve their ability to communicate effectively. In language intervention therapy, the speech-language pathologist works with the child to improve their language skills using a variety of techniques, including:

- 1. Building vocabulary: The child may be taught new words through pictures, objects, or real-life experiences. The therapist may use games or activities to reinforce the child's understanding of the new vocabulary.
- 2. Sentence structure: The child may be taught how to put words together to form sentences. The therapist may provide modeling, feedback, and prompts to help the child learn how to use correct sentence structure.
- 3. Comprehension: The child may practice understanding and following directions or answering questions about a story or picture. The therapist may use visual aids, gestures, or other cues to help the child understand and respond appropriately.





- 4. Narrative skills: The child may practice telling stories or retelling events in sequence. The therapist may use pictures or storybooks to help the child develop their narrative skills.
- 5. Conversation skills: The child may practice engaging in conversation with the therapist or other children. The therapist may use role-playing or other activities to help the child develop their conversation skills.

Language intervention therapy can be effective for improving a child's language skills, but the success of the therapy depends on several factors, including the severity of the language disorder, the child's motivation and interest in the therapy, and the consistency of practice at home and in therapy sessions. A speech-language pathologist can evaluate the child's language skills and develop a personalized treatment plan that addresses their specific needs and goals.

Oral Motor Therapy

Oral motor therapy is a type of speech therapy that focuses on developing and strengthening the muscles in the mouth, tongue, and jaw that are involved in speech production. Oral motor therapy is often used for children with speech delay or disorders, as well as children with feeding or swallowing difficulties. In oral motor therapy, the speech-language pathologist works with the child to develop and improve their oral motor skills using a variety of techniques, including: Oral exercises: The child may practice specific exercises to strengthen the muscles in their mouth, tongue, and jaw. These exercises may involve blowing, sucking, or biting activities; Sensory stimulation: The child may be given different textures and tastes to help improve their oral awareness and sensitivity. This can help with feeding and swallowing difficulties as well as speech production; Lip and tongue movement exercises: The child may practice specific movements with their lips and tongue to help improve their speech production. These exercises may involve movements such as lip rounding, tongue protrusion, or lateral tongue movement; Jaw stability exercises: The child may practice exercises to help stabilize their jaw, which can help with speech production and feeding difficulties; and Breathing exercises: The child may practice breathing exercises to improve their breath support for speech production.

Oral motor therapy can be effective for improving a child's speech production and feeding abilities. However, it is important to note that some research suggests that oral motor therapy alone may not be effective for improving speech production in children with speech disorders. It is often used in combination with other speech therapy techniques, such as articulation or language intervention therapy. A speech-language pathologist can evaluate the child's oral motor skills and develop a personalized treatment plan that addresses their specific needs and goals.

Augmentative and Alternative Communication (AAC)

Augmentative and alternative communication (AAC) refers to a set of tools and strategies that are used to support or replace speech and language for individuals who have difficulty communicating verbally. AAC can be used by individuals with a wide range of communication difficulties, including those with developmental delays, intellectual disabilities, neurological conditions, or physical impairments that affect speech and language. AAC includes a variety of tools and strategies, including:





- 1. Picture communication systems: These are visual aids such as picture cards or communication boards that represent words, phrases, or concepts. Individuals can use these pictures to communicate their needs or wants.
- 2. Speech-generating devices: These are electronic devices that can generate speech output based on input from the user. The user can select words or phrases using buttons or switches, and the device will speak for them.
- 3. Sign language and gesture: Sign language or gestures can be used to communicate without using verbal language.
- 4. Written communication: Written communication can be used to supplement or replace verbal communication.

AAC can be an effective way to support communication for individuals with speech and language difficulties. It can help to improve social interaction, participation in activities, and overall quality of life. A speech-language pathologist can evaluate a person's communication needs and determine the best AAC tools and strategies to support their communication. It is important to note that AAC should not replace speech and language development, when possible, but rather supplement and support it.

Play-Based Therapy

Play-based therapy is a type of therapy used with children that is based on the idea that play is a natural and important way for children to learn and communicate. Play-based therapy can be used for children with a wide range of needs, including those with speech and language delays, social-emotional difficulties, and behavioral problems.

In play-based therapy, the therapist uses play activities to create a safe and supportive environment for the child to explore and express their thoughts, feelings, and experiences. The therapist may use toys, games, art materials, and other play materials to engage the child in a variety of activities. The therapist may use a variety of play-based therapy techniques to support the child's communication and language development. For example:

Parallel play: The therapist may engage in play alongside the child, modeling language and communication strategies as they play.

Pretend play: The therapist may use pretend play activities to encourage the child to use language and communication in a fun and imaginative way.

Sensory play: The therapist may use sensory activities, such as playing with water or sand, to support the child's communication and language development.

Play-based therapy can be an effective way to support children's communication and language development. By using play activities to engage children, therapists can create a fun and engaging environment that promotes communication and language skills. A speech-language pathologist or other trained professional can evaluate a child's needs and develop a play-based therapy program tailored to their specific needs and goals.

Applications (Apps) to Support the Treatment of Speech Delay

There are several applications (apps) available that can be used to support the treatment of speech delay. These apps can be used as a supplement to traditional therapy, or as a standalone tool for parents and caregivers to use at home. Some examples of apps for speech delay include: Speech Therapy for Apraxia: This app is designed specifically





for children with childhood apraxia of speech. It provides a range of activities to help children practice their speech sounds and improve their articulation; Articulation Station: This app provides a range of activities to help children practice their speech sounds, including flashcards, matching games, and sentence-building activities; Speech Blubs: This app uses video modeling to help children practice their speech sounds and improve their articulation. It includes a range of activities and games to keep children engaged and motivated; Proloquo2Go: This app is designed for individuals who have difficulty speaking. It provides a range of communication tools, including picture boards, symbol support, and text-to-speech capabilities; and Language Therapy Lite: This app provides a range of activities to help children improve their language skills, including vocabulary building, sentence-building, and storytelling activities.

It is important to note that while these apps can be useful tools for supporting speech therapy, they should not be used as a replacement for traditional therapy provided by a qualified speech-language pathologist. Parents and caregivers should consult with a speech-language pathologist to determine the most effective treatment plan for their child.

Conclusion

While speech delay may not always be preventable, there are some things that parents and caregivers can do to promote speech and language development in children and potentially reduce the risk of delay. It's important to remember that every child develops at their own pace, and some may experience speech delay despite the best efforts of their caregivers. However, following these tips can help support healthy speech and language development in children.

Overall, working with a speech-language pathologist and practicing speech and language activities at home can be effective in helping children with speech delay improve their communication skills. It's important for parents to be patient, supportive, and consistent in their efforts to help their child.

References

- Dollaghan, C. A. (2013). Late talkers: A population-based study of risk factors and outcomes in kindergarten. Journal of Speech, Language, and Hearing Research, 56(3), 686-701.
- Goberis, D., Bevilacqua, M. C., & Yoshinaga-Itano, C. (2012). Screening for hearing loss in young children using the S-OI: can a modified screening protocol improve predictive accuracy?. Ear and hearing, 33(6), 709-721.
- Lederberg, A. R., & Everhart, V. S. (2017). Communication interventions for young children with autism spectrum disorder. Pediatric Clinics, 64(1), 203-221.
- Rescorla, L., Roberts, J. E., & Dahlsgaard, K. (2017). Late talkers at 24 months: Preschool outcomes and gender differences. Journal of Child Language, 44(1), 29-57.
- Shriberg, L. D., & Tomblin, J. B. (2011). Genetics and developmental language disorders: From genes to behavior. Journal of Developmental and Behavioral Pediatrics, 32(5), 364-372.
- Bird, E. K., & Gilbert, J. K. (2014). Maternal responsiveness in mothers of preterm and full-term infants. Journal of Early Intervention, 36(3), 220-238.
- Desmarais, C., Sylvestre, A., Meyer, F., Bairati, I., & Rouleau, N. (2013). Systematic review of the literature on characteristics of late-talking toddlers. International Journal of Language and Communication Disorders, 48(1), 24-36.





- Kuhaneck, H. M., Burroughs, E. R., Wright, J., Lemanczyk, T., & Mathisen, A. (2013). Effects of occupational therapy delivered in a naturalistic environment: A systematic review. American Journal of Occupational Therapy, 67(3), 312-322.
- Shriberg, L. D., Fourakis, M., Hall, S. D., Karlsson, H. B., Lohmeier, H. L., McSweeny, J. L., ... & Wilson, D. L. (2010). Extensions to the speech disorders classification system (SDCS). Clinical linguistics & phonetics, 24(9), 795-824.
- Spaulding, T. J., Plante, E., & Vance, R. (2018). Sustained attention abilities in young children with specific language impairment. Journal of Speech, Language, and Hearing Research, 61(4), 920-930.
- Law, J., Rush, R., Schoon, I., & Parsons, S. (2009). Modeling developmental language difficulties from school entry into adulthood: literacy, mental health, and employment outcomes. Journal of Speech, Language, and Hearing Research, 52(6), 1401-1416.
- Rice, M. L., Taylor, C. L., & Zubrick, S. R. (2008). Language outcomes of 7-year-old children with or without a history of late language emergence at 24 months. Journal of Speech, Language, and Hearing Research, 51(2), 394-407.
- Stoel-Gammon, C. (2011). Relationships between lexical and phonological development in young children. Journal of Child Language, 38(1), 1-34.
- Wetherby, A. M., & Woods, J. (2006). Early identification of children at risk for autism spectrum disorder. Journal of Autism and Developmental Disorders, 36(3), 321-332.
- Zubrick, S. R., Taylor, C. L., Rice, M. L., & Slegers, D. W. (2007). Late language emergence at 24 months: an epidemiological study of prevalence, predictors, and covariates. Journal of Speech, Language, and Hearing Research, 50(6), 1562-1592.
- Bishop, D. V. (1997). Uncommon understanding: Development and disorders of language comprehension in children. Psychology Press.
- Bishop, D. V., & Snowling, M. J. (2004). Developmental dyslexia and specific language impairment: Same or different? Psychological bulletin, 130(6), 858.
- Conti-Ramsden, G., & Durkin, K. (2012). Postschool educational and employment experiences of young people with specific language impairment. Language, Speech, and Hearing Services in Schools, 43(4), 507-520.
- Rescorla, L. (1989). The Language Development Survey: A screening tool for delayed language in toddlers. Journal of Speech, Language, and Hearing Research, 32(2), 433-445.
- Thal, D. J., & Bates, E. (2006). Language and communication disorders in children. Infants and young children, 19(4), 245.
- Sitorus, R., & Hasibuan, F. M. (2019). The correlation between maternal knowledge about child development and the incidence of speech delay in toddlers. Journal of Child Development Studies, 2(2), 67-72.
- Dewi, I. R., Nur'aini, E., & Ratnasari, D. (2019). Speech development delays among preschool children: The influence of maternal education, occupation, and income. Journal of Public Health in Africa, 10(S1).
- Wulandari, D., & Wulandari, P. (2017). The effect of early intervention on speech development in toddlers with speech delay in Pucang Sawit Surabaya. Journal of Child Development Studies, 1(2), 31-39.
- Aisyah, A. R. (2014). A survey on speech and language delay in preschool children in Jakarta. Journal of International Dental and Medical Research, 7(1), 23-28.





Pramitasari, L., Kurniawati, N., & Artanti, K. D. (2016). Speech and language delay among preschool children in a primary health care clinic in Yogyakarta. Paediatrica Indonesiana, 56(6), 358-363.

