

THE MAIL

BABY TALK

Margaret Talbot's article contains much of the current thinking about the value of immersing babies and toddlers in language ("The Talking Cure," January 12th). Encouraging parents and caregivers to talk more to their babies more often is certainly important, but we must also consider how to expand upon the limited vocabularies of many caregivers. One solution is to read picture books. In the psychology department at the University of California, Santa Cruz, we recently carried out a large replication of a classic study showing that print has a richer vocabulary than speech. We found that the variety of words in picture books was more extensive than that of parents talking to their children. Picture books were three times as likely as child-directed speech to use a word that isn't among the most common English words; this result was found regardless of parents' social class. Even the language quality of two adults talking to each other fell below that of picture books. Given the fact that word mastery in adulthood is correlated with early acquisition of words, a potentially powerful leveller of family wealth and class may be as simple as engaging in picture-book reading with babies.

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I'm a pediatrician who works in a clinic that serves mostly Medicaid patients, and at routine checkups my colleagues and I stress the importance of reading, singing, and talking to children from the time they are born. I was struck by Andrea Riquetti's statement that parents "feel they can make a difference when everything else kind of sucks." The "everything else" refers to what I would identify as toxic stress, the experience faced by children living in poverty. My field's professional organization, the American Academy of Pediatrics, released a report in 2012 called "The Life-long Effects of Early Childhood Adversity and Toxic Stress," which summarizes evidence that early adversity and stress harm children's brains and, in many cases,

portend poor outcomes in health and well-being later in life. Talking to children is great, but physicians, child advocates, legislators, and parents would do well to think about how the United States can enact policies that will improve the lives of poor children and their adult caregivers. This would mean insuring better access to affordable preventive health care, including mental health care; subsidized child care and housing; and nutritious food.

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As an early-interventionist speech-language pathologist, I appreciated Talbot's article. Every state has an early intervention program focussing on children three years old and younger who display a significant developmental delay. In my state of West Virginia, we have recently adopted the coaching method, whereby interventionists teach parents strategies to help their kids learn developmental skills. We focus on conversation, exposure to the sounds and rhythms of language, and "translating" the child's communicative attempts into words and phrases. It is imperative to help parents understand the importance of engaging with their child and to teach them to follow their child's lead in play. When parents feel too overwhelmed to sit down and play with their child, we help them discover ways to include learning in everyday tasks, such as bathing and meal preparation. A word counter along the lines of the LENA device that's used as part of the program Talbot describes may be a useful aid for rewarding parents for speaking more, but it is not nearly enough.

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