

“Late Talkers” Eligibility for Birth to 3 Program

In young children, language skills change dramatically during the child’s first three years. It is important to recognize that it is often difficult to determine the reason for or extent of a communication disorder in young children, particularly less than 24 months of age with no other apparent developmental concerns. Some children, in absence of any other developmental problems, may eventually catch up to their peers and thus may seem to “outgrow” their communication delay. (New York State Department of Health, Early Intervention Program, *Clinical Practice Guideline, Quick Reference Guide*, Communication Disorders, Assessment and Intervention for Young Children)

One area of current discussion among experts in the field is the extent to which formal speech/language therapy is necessary for young children age 18 to 36 months who have a language delay but no other developmental problems. To date, no clear predictors have been established to indicate long-term outcomes for late talkers. (Ellis Weismer, 2000, p. 161) An important consideration is that there is a certain degree of variation in the timing of language development in typically developing children in this age range. Some experts maintain that children with milder language delays may catch up with typically developing peers by 48 months of age, especially if efforts are made to facilitate language development, such as increasing social interactions and involvement in play groups. However, experts also suggest that beginning speech language therapy by 24 months is important for those children who have more severe delays and those who appear at increased risk for continued delays.

Several studies suggest that many children who have an expressive language delay at 24 months (but have some words and no other apparent developmental problems) will gradually catch up to a functional language level that is more typical of their peers. (Fischel, et al., 1989; Paul, 1991; Paul and Alforde, 1993; Rescorla and Schwarz, 1990; Thal, et al., 1994) One of these studies (Rescorla and Schwartz, 1990) found that children at age 24 months who had a vocabulary of fewer than 30 words continued to have problems in the future. In contrast, in the group of children with milder delays (such as a 30-50 word vocabulary, or over 30 words but no word combinations), some continued to have problems, but a large percentage also caught up with typically developing peers at 4 to 5 years of age.

While no *single* known factor can reliably predict later language status even for well-defined groups of children and certainly not for a individual child, (Thal & Thatich, 1996), Olswang, et al. (1998) identified several factors noted in these studies that appeared to predict which children with language delays at 18 to 24 months would still have delays at 36 to 48 months old. These predictors of future language delay are listed in the table below. Based on this evidence, Olswang (1998) has suggested using these predictors to determine which language-delayed 24 month olds are likely to attain normal language development on their own, and which children are likely to have ongoing language problems and would benefit from speech/ language intervention. The Birth to 3 Program has incorporated many of these considerations into the chart on page 21.

(Adapted from *Clinical Practice Guideline, Quick Reference Guide*, Communication Disorders, Assessment and Intervention for Young Children, New York State Department of Health, Early Intervention Program)

Predictors and risk factors of language change in toddlers

PREDICTORS

RISK FACTORS

SPEECH

NON-SPEECH

Language Production

- Small vocabulary for age
- Few verbs
- Preponderance of general all-purpose verbs (GAPS) such as “do”, “make”, “want”, “go”
- More transitive verbs
- Few intransitive and ditransitive verb forms such as “give ball”

Language Comprehension

- Presence of 6-month comprehension delay
- Large comprehension-production gap with comprehension deficit

Phonology

- Few prelinguistic vocalizations
- Limited number of consonants
- Limited variety in babbling structure
- Less than 50% consonants correct (substitution of glottal consonants and back sounds for front)
- Restricted syllable structure
- Vowel errors

Imitation

- Few spontaneous imitations
- Reliance on direct model and prompting in imitation tasks of emerging language forms

Play

- Primarily manipulating and grouping
- Little combinatorial and/or symbolic play

Gestures

- Few communicative gestures, symbolic gestural sequences, or supplementary gestures

Social Skills

- Behavior problems
- Few conversational initiations
- Interactions with adults more than peers
- Difficulty gaining access to activities

Otitis Media

- Prolonged periods of untreated otitis media

Heritability

- Family member with persistent language and learning problems

Parent Needs

- Parent characteristics:
- Low SES
- Directive more than responsive interaction style
- Parent concern: Extreme

Olswang, L. B., Rodriguez, B., Timler, G. (1998). Recommending Intervention for Toddlers with Specific Language Learning Difficulties: We May Not Have All the Answers, But We Know a Lot. *American Journal of Speech-Language Pathology*, 7