



Vincent Borg
Speech Pathologist
B.App.Sci.(Sp.Path), M.S.P.A., M.V.I.S.P., C.P.S.P.

Sarah Young
Speech Pathologist
B.App.Sci.(Sp.Path), M.S.P.A., M.V.I.S.P., C.P.S.P.

Sara Adler
Speech Pathologist
B.App.Sci.(Sp.Path), M.S.P.A., M.V.I.S.P., C.P.S.P.

Kimberly Smith
Speech Pathologist
M.Sp Path, Dip.T, B.Ed, M.S.P.A., M.VISP

Emma Harris

Address: 662 Elgar Road, Box Hill North, 3129

Email: enquiries@speech-therapy.com.au

Web: www.speech-therapy.com.au

Phone: 9899 5494

Fax: 9899 9508

“Slow Talkers” – Wait or Treat?

Information Sheet No. 7

Seventh in a series of information sheets on children’s communication difficulties aimed at health and education professionals, parents and caregivers.

Do children recover naturally from specific language impairments?

What is research telling us about children who are “late talkers” and the probability that they will recover naturally? The results of a large literature review indicate that spontaneous recovery is *unlikely* and that *even with treatment* preschool children with identified language disorders are likely to present with some reading and writing disorders during school age and adolescent years (Nippold and Schwarz 2002).

These overseas researchers reviewed dozens of studies investigating recovery from specific language impairment and they conclude that natural recovery from specific language impairment when diagnosed *after the age of 3* is remote. As these children grow older, their language development will remain significantly behind their typical peers, with an increasingly wide gap. There are also serious academic and social penalties because of the underlying language problems with these children. Difficulties in areas such as reading, writing and speaking are linked to poor classroom performance.

The researchers feel strongly that these children should be placed in *language treatment programs* that are intense and focused on their particular language needs. It is well recognised that the **earlier** language intervention is begun, the **greater** the likelihood of success. Even *before the age of 3 years*, children at risk for speech and language impairment should receive language intervention. This includes *late talking toddlers* because it is difficult to predict which of these children will overcome their slow start and which will later demonstrate a specific language impairment. The “*wait and see*” approach for children under 3 years cannot be recommended.

Speech and language impairment is a developmental health problem affecting approximately 7% of kindergarten children (Tomblin et al 1997). The authors argue strongly that early intervention has the potential to bring a child up to the language level of his or her peer group and may help to avoid the associated social and academic problems that frequently occur in children with speech and language impairment. Therefore, children with *slow language development* should be referred and treated as *early as possible* and my guidelines of when to seek help are as follows:

- Children of 18 – 20 months of age with *less than 6-10 single words*.
- Children of 24 months of age with *less than 30 single words*.
- Children of 24 months of age who have *no two or three-word utterances*.
- Children of 36 months of age who produce *few sentences*.
- Children of less than 36 months of age who are *not interested in communicating* and use very little language in different settings.

The research indicates that **2 – 3 years** of age is the *most ideal age* at which to intervene for children with specific language impairments. Here at **Box Hill Speech Pathology** we offer effective and focussed language programs, designed for 2-4 year old children, which involve parents, caregivers and other professionals working collaboratively targeting particular language goals.

We hope you find this information helpful and any comments would be greatly appreciated. Please do not hesitate to contact us on (03) 9899-5494 if you have any concerns or questions. Further information from referenced articles is available on request.

NB: The information contained herein is not advice. It is general information for adults on children’s communication development. It is not intended to be used as a sole means of identifying children with communication difficulties. Advice from a qualified paediatric Speech Pathologist is recommended.

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