

Critical Review:
'Late Talkers': What Can We Expect?

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difficulties at age 4. Using parent reported data from a large-scale longitudinal cohort study (8,386 twins), the authors identified 802 children (9.6% of total sample) as having an early language delay (ELD) (i.e. 'late talkers') at age 2. The authors used a criterion of vocabulary scores below the 10th percentile of the total sample on the MacArthur Communicative Development Inventory (CDI). Children's language outcome at age 4 was categorized as significantly impaired (i.e. SLI) if they scored at or below the 15th percentile on at least two of three language measures from the CDI (vocabulary, grammar, and abstract language). At age 4, 746 children (11.5% of the total sample) met criteria for significant language impairment, of which 34% had been delayed at age 2. Of the original 'late talker' group with 802 children, 254 (40.2%) went on to be categorized with a significant language impairment at age four. This is compared to 492 children (8.5%) of the TLD group at age 2 who went on to be categorized with significant language impairment at age 4.

This study qualifies as level II evidence demonstrating largely supportive evidence that two-thirds of 'late talking' children at age 2 will go on to develop typical language by 4. Positive factors of this study were that the study design was appropriate for investigating the research question and that the authors used a valid standardized clinical tool to measure language with the CDI. However, methodological factors may have limited the impact of this study. Firstly, this study used only data from twins. As twins have been associated with early language delays, generalization of the results may be poor (Dale et al. 2000). However, the proportion of 'late talking' children at 2 who went on to develop typical language by 4 is comparable to other studies that used only single-born children (Rescorla et al., 2000). Secondly, criteria levels that were used for the categorization of 'late talkers' at age 2 as well as 'language impairment' at age 4 were set in order to obtain a large enough

excluded those with a primary condition that may influence language and use of valid clinical assessment tools. With that being said, it would have been helpful if the authors had been more descriptive and reported on the individual development of children's language, such that their specific language trajectory was reported. Reporting on individual trajectories is important because previous research reviewed in this article demonstrate that some 'late talkers' go on to develop typical language while others demonstrate clinical impairments. This research also shown that some TLD children go on to develop SLI.

Paul, Murray, Clancy and Andrews (1997) conducted a longitudinal cohort study that followed two groups of children from 2 years of age up to 7 years of age. The first group was composed of 'late talking' children who met criterion based on parental reports of 50 or fewer words on the LDS. The second group was composed of 27 TLD children who scored greater than 50 words on the LDS and matched the 'late talking' group on age, socioeconomic status

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Abilities for nonverbal cognitive ability. An appropriate Kruskal-Wallis nonparametric Analysis of Variance (ANOVA) was used in order to detect differences

ighdetec(n)-5(v)6(er)--12(yas4(i)-5(g)7(h)C / b EMC EMw)2-5(e)-19 EMC BDC BT1 0 0 1 72.024 678.54 Tm[(d)-5(if)

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