

# Emerge



A Child's Place

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# Do Late Talkers

## Get Better on Their Own?



Bonnie Hacker, OT  
Founder / Director

The volumes of research concerning independent recovery from speech or language delay seem to give widely varying prognoses for your pediatric patients. However, all the literature agrees that the short answer to the question "Do late talkers get better on their own?" is "not all of them." Another generalization that can be drawn from the scientific literature is that the more severe speech delay is, the more likely it will manifest into problems during school years, adolescence, and adulthood.

Some research suggests that 40% to 60% of children with expressive language delay do not outgrow their difficulties.<sup>1,2</sup> Part

of the challenge in communicating prognoses may stem from the varying definitions of etiology in the literature. A review in the *American Family Practitioner* draws a fairly stark contrast by differentiating *maturation delay* from *expressive language disorder*.<sup>3</sup>

The authors define expressive language disorder as a brain dysfunction that results in an inability to translate ideas into speech. They state that a child with speech delay due to maturation delay *will* eventually develop normal speech, but a child with an expressive language disorder *will never* develop normal speech without active intervention such as speech therapy. The authors explain that "it is sometimes difficult, if not impossible, to distinguish at an early age [maturation delay] from . . . expressive language disorder."

In short, in cases of speech or language delay when the child has normal intelligence and normal hearing, we might say that the child has a 50/50 chance of recovering without intervention, and, to paraphrase the *American Family Practitioner*, it is "difficult, if not impossible" to single out the pre-schoolers who will not be able to independently recover.

Another consideration that should be explained to parents is the definition of "recovery" and of *normal* speech and language. While researchers usually refer to children who have achieved normality as "recovered," the term normal encompasses a wide range of aptitude. Research has shown that toddlers with primary language delay/disorder have problems with reading and spelling into and beyond adolescence 30% to 60% of the time.<sup>4,5</sup> Other research shows that preschoolers who are considered to have individually "recovered" from language impairment continue to perform more poorly than their peers. The independently "recovered" group demonstrates persistent difficulty with verbal short-term memory, sentence formulation, word retrieval, auditory processing of complex information, and elaborated verbal expression.<sup>6</sup>

The fact that many late talkers do not grow out of language delay and the fact that many of those who do grow out of it have continued difficulty with language suggests that a discussion about speech therapy is indicated anytime you identify speech or language impairment. Speech therapy has repeatedly been shown to produce short-term and long-term improvements in children with primary impairments of speech and language.<sup>7-9</sup> By identifying these difficulties as soon as possible and by telling parents about the speech therapy services of Emerge, you can improve the odds for the children under your care.



## Affordable Care at Emerge – A Child's Place

Many parents find that insurance coverage for pediatric occupational or speech therapy is often limited. In these cases, Emerge has even more to offer in addition to uncompromising quality of care and excellent facilities. Even though the quality of care at Emerge is at the highest levels, you will find the fees at Emerge to be the most affordable.

## Please tell parents about Emerge – A Child's Place

## Believing in a Child's Potential to Flourish

## References

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