

Coping With Language Delay

Strong general language skills are a prerequisite for academic success.

By Diane McGuinness

It's a good idea to get your child's hearing tested in the first year of life, especially if he is well below the benchmarks. The average spoken vocabulary is 300 words at 24 months, 550 words at 30 months, and over 1,000 words at 36 months.

Some parents worry unduly if their child lags behind in language development. But nothing is more unpredictable than children's spoken language. Parents should take comfort in the fact that nearly everyone learns to speak just fine. The human brain is geared to produce an efficient talking machine, no matter how long it takes.

If, however, your child doesn't understand much of what you say, ask your pediatrician for advice, or see a licensed speech and language therapist. The most serious marker is a very low *receptive* vocabulary score. Children who don't understand what people say have the worst prognosis.

If your child is *seriously* delayed in spoken language at age 3 compared to the norms described above, arrange for a complete battery of language tests from a licensed speech and language therapist. Testing must include measures of receptive language to be meaningful.

Follow the experts' advice, but guard against having your child labeled. I recommend that you don't share information about a diagnosis with your child's preschool or school. If you schedule sessions with a speech and language therapist, think of your child as needing extra help, in the same way he might need extra help with handwriting and forming letters correctly.

When parents and teachers believe a child has a language impairment, this can have a profound impact on the child's academic progress. There are many reasons for this. Parents and teachers tend to expect less and make excuses for the child. Many schools put these children in special classes.

With few exceptions, special education is notorious for having perfected the art of "dumbed-down learning," the exact opposite of what a child with a language delay needs. As a result, children get further behind in their schoolwork, which puts them at extra risk for emotional and psychological difficulties.

Nancy Cohen investigated the incidence of language impairments in children referred to two mental health clinics in Toronto for behavioural and emotional problems. She tested all the children referred over a two-year period on a battery of language tests and found that 64% met the criteria for a language impairment. This is a very high proportion indeed, and shows that poor communication skills contribute to social, emotional, and behavioural problems.

But her most important finding was the power of a label. Half the children with poor language skills had been diagnosed with a language impairment previously and everyone knew they had a problem. The other half had never been tested and no one thought there was anything wrong with them. These children were reading normally, doing well academically, and had high academic self-esteem.

The children who had been diagnosed as language impaired were reading at least two years below grade level and were in serious trouble academically. When Cohen compared the language test scores of these two groups of children, *they did not differ statistically on any test*. In other words, it wasn't the severity of the language problem that caused the poor reading skills.

And although one can't say for certain that the diagnosis *caused* the reading problem, it is hard to imagine what else might have caused it. Children identified as language-impaired end up in remedial classes where teachers expect too little from them.

The importance of general language skills to reading and academic success was highlighted in a different study by Joseph Beitchman and his colleagues in Toronto. They tested 1,650 five-year-olds individually on various language tests prior to admission to school, then followed the children with language delays (plus a matched control group) until they were 19 years old.

The children identified with speech-motor problems *only* (about 6% of the children) were academically indistinguishable from the normal control children.

However, the children with delays in general language, such as low vocabulary scores or poor grasp of syntax and semantics (about 12% of the total children) had far more difficulty academically. Only 25% recovered to normal levels.

For the remainder the language scores remained depressed, while reading and academic test scores declined to very low levels over time. By age 19, this group's vocabulary scores were below 80 on a standardized test (100 is normal).

So far, we have no evidence on how much these serious language problems are due to heredity or to home environment or are exacerbated by the school system or all three. And while we know how important an enriched language environment is for good language development, we don't know how much it can compensate in extreme cases.

An attitude that some children are doomed is the last thing they need. There are many things that parents can do to promote good language development, and their intervention can be enough to make all the difference.

(Adapted with permission from Growing a Reader from Birth: Your Child's Path from Language to Literacy. Dr. McGuinness is the author of When Children Don't Learn.)