Evidence-based Language Intervention Approaches for Young Late Talkers
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- Case Children

Evidence-based Decisions

EBP

External Evidence
Clinical Expertise
Client Values

Intervention Options
- No Intervention: Watch and See
  - General Language Stimulation
  - Focused Language Stimulation
- Milieu Teaching
- Changing Modalities: Augmentative and Alternative Communication

Watch and See
- Aggressively monitor language development
- Not for everyone – best for children for whom:
  - Only concern is expressive language,
  - There are no issues with speech intelligibility,
  - There are not high risks for language impairment, and
  - Language skills continue to develop
- External Evidence
  - Weak evidence: Longitudinal observations

Watch and See
General Stimulation

- Create a rich language environment of developmentally appropriate language, but no specific targets
- Highly responsive communication partners (clinician or parent):
  - Follow child’s lead
  - Parallel talk
  - Recasts
- External evidence
  - Moderately strong for both clinician and parent agents


Focused Stimulation

- Create a rich, focused language environment of developmentally appropriate language with specific language targets:
  - Words
  - Grammatical constructions
  - Other communication skills
- External evidence
  - Strong for parent-implemented


Milieu Teaching

- Similar to focused stimulation, with addition of the expectation for the child to produce target form through:
  - Prompts
  - Models
  - Request to imitate
- External evidence
  - Moderately-strong based on single subject designed study and randomized experimental designs

Focus on sign and graphic modes of communication may lead to increases in verbal communication. For example, using MT procedures, prompt for sign or symbol response. External evidence Moderately-strong based on single subject designed study and meta-analysis.


State Criteria for Part C Eligibility

<table>
<thead>
<tr>
<th>Minnesota</th>
<th>Kansas</th>
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<tbody>
<tr>
<td>Criteria for Eligibility for Services</td>
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<tr>
<td>1. Have a disability; or</td>
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<td>2. Have a developmental delay; or</td>
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<td>3. Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.</td>
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<td>Criteria for Developmental Delay</td>
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<td>A score of 1.5 SDs or more below the mean, as measured by the appropriate diagnostic measures and procedures, in one or more of the following areas:</td>
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<td>a) cognitive development;</td>
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<td>b) physical development, including vision and hearing;</td>
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<td>c) communication development;</td>
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<td>d) social or emotional development; and</td>
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<td>e) adaptive development.</td>
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Late Talker Cases

- Leo
- Neva
- Caleb
- Ilsa

Final Thoughts

- There are many aspects of intervention that must be considered: dosage, goals, activities.
- It is important to consider clinician experience and expertise in addition to the external and internal evidence.
- We have limited data on the long-term outcomes post early intervention.