



Critical Appraisal Form

Date: 16-Oct-19

Members in Discussion: Anna C, Melissa, Kim, Heather

Article: Charest, Borger, Cahn, Sanders, Yip, McFarlane, & Schneider (2019). Assessment, Diagnosis, and Recovery From Language Disorder at Kindergarten Age: Research Review and Clinical Discussion, *Canadian Journal of Speech-Language Pathology and Audiology*, 43(1), 49-61.

Participants: Studies included > 4000 children aged 2 – 16 with language difficulties but no identified impairments in non-verbal cognition (SLI, or DLD).

Control or Comparison Group/s: n/a

Methods: Studies Generally took language assessment measures > 2 times per child with a range of years between assessment administration times from one year to > 10 years. Assessment tools included CELF-P, CELF-4, PLS, Reynell Developmental Scales, parent report, telephone-based interview, and online testing. Assessment measures are discussed in terms of their validity for determining language impairment over time, including, language sample measures, narrative measures, sentence repetition and literacy measures.

Outcomes: A variety of outcomes from varied ages and assessment tools. Some studies found that the likelihood of recovery is greater when challenges are circumscribed, and become less likely with more broad-based difficulties or when receptive language is implicated. One study, for example, included 3,598 twins with expressive delay at age 2, who were reassessed at ages 4, 7 and 12. The children from the early delay group who caught up to their peers at age 4, maintained their recovered status. This study did not indicate illusory recovery. Assessment measures discussed: Narrative Ax and sentence repetition tasks described as strong predictors of later language outcomes, for example. The validity of the MLU measure declines after the preschool years.

Strengths and Limitations: Not a 'Systematic Review.' There are many differences among studies in the cutoff scores that are taken as evidence of impaired or satisfactory language development i.e. different criteria will produce different results; Studies included include discrete cut-off points not confidence intervals; Assessment outcomes and the picture of recover vary considerably according to the measures used; Normal range scores could reflect treatment supported gains that may not be maintained, versus true resolution of learning challenges.

	Compelling	Suggestive	Equivocal/Uncertain
Validity			x
Clinical importance		x	

Clinical Implications/Discussion: What is the best evidence-based course of action to take in the face of typical range language scores at kindergarten age obtained for children with previously identified language disorders? More research is needed to support conclusions. Accumulated evidence suggests that we should be extremely cautious before deciding that that a child with a history of language disorder has recovered and no longer needs support.

- Members discussed the presence of illusory recovery in their caseloads
- In terms of monitoring children over time, members discussed the limitations of large caseloads, flagging the child's record and reminding parents and other providers that it is possible impairment will resurface
- Assessment tools members use were discussed, including support for the ENNI narrative Ax