

Early identification of language delay by direct language assessment or parent report?

Commented by: Daniela Regina Molini-Avejonas¹

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Choosing the screening instrument to be adopted for early identification of language disorders involves many considerations of economic, ethic and methodological nature.

Parental reports using questionnaires are increasingly being used for the identification of several types of developmental disorders. In health campaigns, the great number of children to be screened hinders a direct language evaluation. Language tests are usually time-consuming, and administering them requires specialized knowledge. Hence, parental reports appear to be a reasonable alternative. The use of such questionnaires is easy to deploy and seems to be a useful tool for language assessment in young children.

However, the accuracy of parental language reports is questionable. Several studies have classified the correlation between parent report measures and direct language tests from moderate to strong. Nevertheless, there is a lack of information about the diagnostic power of parental reports in comparison to the individual language assessment, as well as about the reliability of the responses provided by parents with different educational levels. The study from Sachse and Von Suchodoletz focuses these questions and, to that purpose, applied parent language report and direct language measures in the same sample.

The questionnaire was applied to 932 families, and the parents of all children classified as late talkers (n=154) were invited to have their child's language abilities assessed using a standardized language test; 57% of them accepted the invitation. The final sample comprised 117 children, 70 late talkers (LT) and 47 with typical language development (TLD). The children were 24, 25 or 26 months old (n=3, 95 and 19, respectively).

The results evidenced that parental reports is an effective tool for evaluating the language abilities of 24-month-old children. Although the basis of information regarding a child's language skills in a parental report questionnaire is different from that provided by a direct language assessment, both approaches presented similar results.

Due to the lack of studies about the reliability of questionnaires answered by parents of different socioeconomic and educational levels, many authors have raised questions about their applicability in families from different backgrounds, because there would be a tendency to lower expressive vocabulary on the parent report for children whose mothers had less education. Similar differences were also found in the direct language assessment. However, correlations between parent reports and the results obtained on the language tests were similar between the groups of children from different educational backgrounds.

A parental report questionnaire can only be recommended for clinical practice if it predicts language abilities and allows the early detection of language alterations, comparable to the detection provided by language tests applied by a speech-language pathologist. For this, a second assessment was conducted a year later, when the subjects of the study were three years old. The results provided evidence that the predictive validity of the language test was higher than that of the parental report when children were two years old, but, at three years of age, the diagnostic power of both methods was similar.

The authors conclude that the general use of parental reports questionnaires in health care centers might contribute to the early identification of children at risk for language development disorders.

(1) Department of Physical Therapy, Speech-Language Pathology and Audiology, and Occupational Therapy, School of Medicine, Universidade de São Paulo – USP – São Paulo (SP), Brazil.

Correspondence address: Daniela Regina Molini-Avejonas. R. Cipotânea, 51, Cidade Universitária, São Paulo (SP), Brasil, CEP: 05360-160. E-mail: danielamolini@usp.br