

SPLH 842 Language Disorders of Children: Preschool

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January 15th -March 5th

Tuesdays & Thursdays 11:20-1:00

3049 DHDC (DOLE)

Office Hours:

Prof. Bunce-Tuesday 1-2 or by appointment (2103 Haworth)

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Prof. Loeb- Thursday 8:30-9:30 or by appointment (3042 Dole) Email: dianelo@ku.edu

Course objectives:

The purpose of this course is to provide information on language impairments in children at the preschool level (3-5 years of age). Specifically, students will be exposed to current literature concerning pertinent issues involved in understanding language impairment, assessment, and intervention. This course is designed to meet the requirements of ASHA Knowledge Standards III-B Normal Processes; III-C Communication Disorders; and III-D Clinical Application in the area of Receptive Expressive Language. In addition, secondary experiences are provided for the same Knowledge Standards in the areas of cognition (assessment) and social. Specific objectives are as follows with knowledge areas listed in parentheses:

- (1) To identify the characteristics associated with language impairment, as well as the nature of specific language impairment (Basic Concepts -Receptive/Expressive Language, Social);
- (2) To be able to apply of the theories of language development to understanding, assessing, and treating children with language impairment (Basic Concepts, Assessment, Presence of Disorders, Treatment, Receptive/Expressive Language, Cognition, Social);
- (3) To display knowledge of the methods of assessing language abilities, interpreting assessment data, developing goals and objectives, and determine appropriate measures for efficacy for language intervention (Analysis and Integration, Presence of Disorder-Receptive/Expressive Language, Cognition, and Social);
- (4) To be able to demonstrate the various approaches to language intervention, as well as service delivery models (Treatment – Receptive/Expressive Language, Social)
- (5) To become knowledgeable about the role of family involvement when working with children with language impairment; (Basic Concepts – Receptive/Expressive Language and Social)

Any student in this course who has a disability that may prevent him or her from fully demonstrating his or her abilities should contact Betty Bunce personally as soon as possible so we can discuss accommodations necessary to ensure full participation and to facilitate the educational opportunity.

Academic Misconduct

Students are expected to observe all University Guidelines pertaining to academic misconduct as state in the University Senate Rules and Regulations (2.6.1)

“Academic misconduct by a student shall include, but not be limited to, disruption of classes; threatening an instructor or fellow student in an academic setting, giving or receiving of unauthorized aid on examinations or in the preparation of notebooks, themes, reports, or other assignments; knowingly misrepresenting the source of any academic work; unauthorized changing of grades; unauthorized use of University approvals or forging of signatures; falsification of research results; plagiarizing of another’s work; violation of regulations or ethical codes for treatment of human and animal subjects; or otherwise acting dishonestly in research.” Academic misconduct will not be tolerated and will be dealt with in accordance with all University rules and regulations.

Course Evaluation:

A total of 100 points is possible. Points will be assigned based on several projects including language analysis projects (SALT & DSS), an observation project (SICS), a written article review/critique (individual), and a group presentation of the article with a demonstration of the intervention used. In addition, a final examination that includes listing, fill-in, multiple choice along with case studies will be completed during the final class period. The points will be awarded in the following manner SALT & DSS= 30, SICS= 10; Review=10 pts; Presentation=10 pts, final exam= 35 and class participation = 5).

You and a partner will conduct a language sample analysis using the Systematic Analysis of Language Transcripts (SALT) and using the Developmental Sentence Scoring (DSS) Analysis. Both will be completed on a language sample that has been collected and transcribed. You will be asked to note specific differences between DSS and SALT in your summary of the language sample. You will need to use computer labs in SPLH Lawrence and the Medical Center that have access to the latest SALT program or you may purchase a student copy from www.LanguageAnalysisLab.com (click on "Store" and then on "SALT V9 Student CDs"). Cost: \$30 plus \$8 shipping.

In addition, a 10-minute social interaction observation will be done by observing a child in the Language Acquisition Preschool (or if necessary a video observation can be done). The Social Interaction Coding System (SICS) will be used during this observation and an analysis form and summary statement will be completed (10 points). You will need to follow guidelines outlined in class and in the article.

Each student will be assigned to review an intervention article and to describe its level of evidence using an evidence-based practice framework (individual review 10 points.) You also will be assigned to a group of students and asked to present to the class how the intervention would be carried out. For this presentation you will first discuss the theoretical prospective of the intervention and then need to develop a goal, objective, sub-goal and activities. You will

have 10 minutes *maximum* in class to show the intervention procedure that you have been assigned (10pts).

Final grades will be given based on the following criteria:

100-90 points= A

89-80 points= B

79-70 points= C

69-60 points= D

59 - points = F

Texts:

1. McCormick, L., Loeb, D., & Schiefelbusch, R.L. (2003). Supporting children with communication difficulties in inclusive settings (2nd Ed.). Needham Heights, MA: Allyn & Bacon.

Referred to as Text 1

2. Bunce, B. (2008) Literacy in Action: The language-focused curriculum for the preschool classroom. Baltimore, MD: Brookes Publishing.

Referred to as Text 2

3. Additional required reading assignments will be placed on reserve at the Resource room (2115 Haworth) on the Lawrence campus and at the Medical Center Hearing and Speech Department main office. Most articles can also be accessed through e-journal from the library (go to library web-site, then e-journal and then give the journal name).

Course Outline

<u>Date</u>	<u>Topic</u>	<u>Reading</u>
January 15	Introduction Language Development in Preschoolers	
January 20	Language Impairment Theories & Assessment	Text 1: Characteristics of Students... Text 1: Theory and practice...
January 22	Play Based Assessment	Linder (2008 a & b); Text 1 Diagnostic and descriptive...
January 27	Assessment: Language sample analysis SALT & DSS (SALT Manual in Computer room)	SALT manual, Lee (1974) Goffman & Leonard (2000)
January 29	Cont. Language Sample Analysis Assessment (SICS)	Rice, Sell, & Hadley (1990) Hadley & Schuele (1998)

LAB 1/29- 2/12 observation in LAP using SICS

LAB 1/29- 2/12 observation in LAP using SICS

February 3	Evidenced-based intervention	Johnson (2006); Justice & Fey (2004)
February 5	Policies & Practice IEP, IFSPs & School Eligibility Cognitive Referencing	Text 1: Policies & Practices Cole, Coggins, & Vanderstoep (1999)
Language Sample Project Due		
February 10	Theories – Implications for Intervention	van Kleeck & Richardson(1993); Schneider & Watkins (1996)
February 12	Intervention Techniques	Bricker (1993); Weismer & Robertson (Chapter 8 in McCauley & Fey)
SICS Observations due		
February 17	Language Intervention	Fey, Long, & Finestack.(2003); Hancock & Kaiser (EMT) Chapter 9 (McCauley & Fey)
February 19	LAP	Rice (1995); Text 2: CH 1, 2, & 3 Camarata & Nelson Chapt 10 (McCauley & Fey):
February 24	LAP intervention and documentation	Text 2: Chapter 4 & 5 Justice et al (2008)
February 26	Language Intervention	Group presentations of specific language techniques
Critique Due		
March 3	Language & Literacy	Watkins & Bunce (1996); Hadden & Pianta (Justice, 2006)
March 5	Final Examination	

Bibliography

Bricker, D. (1993). Then, now, and the path between: A brief history of language intervention. In A. P. Kaiser & D. B. Gray (Eds.), *Enhancing children's communication: Research foundations for intervention*. (pp. 11-31). Baltimore: Paul H. Brookes.

Camarata, S. M. & Nelson, K. E. (2006). Conversational recast intervention with preschool and older children. In R. McCauley & M. Fey (Eds), *Treatment of language disorders in children*,(pp.237-264). Baltimore: Brookes Publishing.

Cole, K.N., Coggins, T.E., & Vanderstoep, C. (1999). The influence of language/cognitive profile on discourse intervention outcome. *Language, Speech, and Hearing Services in the Schools, 30*, 61-67.

Fey, M. E., Long, S. H., & Finestack, L. H. (2003). Ten principles of grammar facilitation for children with specific language impairments. *American Journal of Speech-Language Pathology, 12*. (1) pp. 3-15.

Goffman, L., & Leonard, J. (2000). Growth of language skills in preschool children with specific language impairment: Implications for assessment and intervention. *American Journal of Speech-Language Pathology, 9*, 151-161.

Hadley, P. A. & Schuele, C. M. (1998). Facilitating peer interaction: Socially relevant objectives for preschool language intervention. *American Journal of Speech-Language Pathology, 7*, 25-36.

Hancock, T. B. & Kaiser, A. P. (2006). Enhanced milieu teaching. In R. McCauley & M. Fey (Eds), *Treatment of language disorders in children* (pp.203-236). Baltimore: Brookes Publishing.

Hadden, D. S. & Pianta, R. B. (2006). Clinical consultation with teacher for improved preschool literacy instruction. In L. Justice (Ed.), *Clinical approaches to emergent literacy intervention* (pp. 99-124). San Diego, CA: Plural Publishing.

Hadley, P. & Holt, J.K. (2006) Individual differences in the onset of tense marking: A growth-curve analysis. *Journal of Speech, Language & Hearing Research, 48*, 1344-1362.

Johnson, C. (2006). Getting started in evidence-based practice for childhood speech-language disorders. *American Journal of Speech-Language Pathology, 15*, 20-25

Justice, L. & Fey, M. (2004). Evidence-based practice in schools: Integrating craft and theory with science and data. *The ASHA Leader, 4-5*,30-32.

Justice, L., Masburn, A, Pence, K.L. & Wiggins, A. (2008) Experimental evaluation of a preschool language curriculum: Influences on children's expressive language skills. *Journal of Speech, Language, and Hearing Research, 51*, (4), pp 983-1001.

Lee, L. (1974). *Developmental sentence analysis*. Evanston: Northwestern University Press.

Linder, T. (2008a). *Transdisciplinary play-based assessment 2*. (pp. 1-5) Baltimore: Paul H. Brookes Publishing Co.

Linder, T. (2008b). *Administration guide for TPBA 2 and TPBI 2*. (pp. 3-55). Baltimore: Paul H. Brookes Publishing Co.

Rice, M.L. (1995). The rationale and operating principles for a language-focused curriculum for preschool children. In M.Rice & K. Wilcox (Eds.) *Building a language-focused curriculum for the preschool classroom: Volume 1: A foundation for lifelong communication*.

Baltimore: Brookes Publishing.

Rice, M.L., Sell, Marie, A., & Hadley, P.A. (1990). The social interactive coding system (SICS): An on-line, clinically relevant descriptive tool. *Language, Speech, and Hearing Services in Schools, 21*, 2-14.

Rice, M. L, Taylor, C.L. & Zubrick, S.R. (2008). Language outcomes of 7-year old children with or without a history of late language emergence at 24 months. *Journal of Speech, Language, and Hearing Research, 51*, (2), pp. 394-407.

Schneider, P., & Watkins, R. V. (1996). Applying Vygotskian developmental theory to language intervention. *Language, Speech, and Hearing Services in Schools, 27*, 157-170.

van Kleeck, A., & Richardson, A. (1986, 1993). What's in an error? Using children's wrong responses as language teaching opportunities. *National Student Speech, Language, and Hearing Association Journal, 14*, 25-50.

Watkins, R.V., & Bunce, B. H. (1996). Natural literacy: Theory and practice for preschool intervention programs. *Topics in Early Childhood Special Education, 16* (2), 191-212.

Weismer, S.E.& Robertson, S.B., & (2006). Focused stimulation approach to language intervention. In R. McCauley & M. Fey (Eds), *Treatment of language disorders in children*, (pp. 175-202). Baltimore: Brookes Publishing.

Project Readings:

Gillum, H., Camarata, S, Nelson, K. E., Camarata, M. (2003). A comparison of naturalistic and analog treatment effects in children with expressive language disorder and poor preintervention imitation skills. *Journal of Positive Behavior Interventions, 5* (3), pp. 171-179.

Justice, L. Chow, S, Capellini, C. Flanigan, K, & Colton, S. (2003). Emergent literacy intervention for vulnerable preschoolers: Relative effects of two approaches. *American Journal of Speech-Language Pathology, 12*, 320-332.

Kaiser, A.P., & Hester, P.P. (1994). Generalized effects of enhanced milieu teaching. *Journal of Speech, Language, and Hearing Research, 37*, 1320-1340.

Kouri T. A. (2005). Lexical training through modeling and elicitation procedures with late talkers who have specific language impairment and developmental delays. *Journal of Speech, Language, and Hearing Research, 48*, 157-171.

McGregor, K. K. (2000). The development and enhancement of narrative skills in a preschool classroom: Towards a solution to clinician-client mismatch. *American Journal of Speech-Language Pathology, 9*, 55-71.

van Kleeck, A, Woude, J. V., & Hammett, L. (2006) Fostering literal and inferential language skills in Head Start preschoolers with language impairment using scripted book-sharing discussions. *American Journal of Speech –Language Pathology 15*, 85-95.

Guidelines for SALT and DSS analysis

Submit to Prof. Loeb:

1. All SALT printouts and your written summary.
 - Print out Sample that you have coded
 - Print out Standard measures
 - Print out Transcript summary
 - Print out Word and Morpheme summary
 - Print out Bound Morpheme table: Table expanded by Words and Codes
 - Print out word code tables: Table expanded by Words and Codes
 - Print out Code and morpheme summary
2. Written summary for SALT: Write a one-page summary of SALT analysis of the child's language skills.
3. Written summary for DSS: Write a one-page summary of SALT analysis of the child's language skills.

Example of SALT summary:

This child's lexical diversity as determined by number of different words was _____ deviation _____ the mean, with a total of _____ root words in his vocabulary. His MLU, or mean length of utterance, was _____ in morphemes, which was _____ from the mean. This MLU places this child in Brown's stage _____ of language development. The client's percent correct use of finite verbs was _____ %, with only _____ correct productions out of a total of _____ obligatory contexts. This percentage was _____ (interpret) according to the graphs in the Goffman and Leonard (2000) article.

Example of DSS summary:

This child's Developmental Sentence Score was _____ which placed him in the _____ percentile for his age group. This score indicates _____ (interpret). The child showed most difficulty in his use of _____. Give examples as needed.

Also include your comparison of the two analyses

How do they compare with one another with respect to what you learned about the child's language skills?

Does one tell you something that the other does not?

What if you only did one analysis, what would you miss?

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Total= 30 pts. *Grading will be based on coding/scoring accuracy (10 pts), interpretation of the results accuracy (10 pts) and your written summaries (10 pts).*

SICS Project Grading- *Submit to Prof. Bunce*

Coding= 5 points

Analysis of coding = 5

Answer the following questions in your analysis:

1. What is the average number of verbal interactions per 5-minute segment?
2. What is the average length of interaction?
3. Are the interactions primarily with peers or adults?
4. When the child is involved in an interaction, does he/she typically initiate the interaction or is he/she primarily responsive? Are there differences in this profile between peer and adult partners?
5. When the child chooses to initiate, who does he/she initiate to? An adult or a peer? Does the child initiate to several partners or are initiations limited to a specific partner?
6. When the child responds, what response mode is used? Verbal responses or limited responses (R-V-I or R-NV)?

Article Presentation Guidelines *Submit to Prof. Bunce*

Lead class discussion for 10 minutes with the following guidelines:

1. Title of article- theoretical perspective, purpose (1-3 minutes)
2. Demonstrate the intervention (use videos; props) (5 minutes) Develop goal, objective sub-goal and activities)
3. Effectiveness of intervention. (would you use it?) (1-2 minutes) (optional)

Independently Composed Critique: Prepare a 2-3 page double-spaced critique of the article. This critique should first provide a summary/overview of the article, including what you liked and then discuss the shortcomings of the article. The critique should include possible solutions to the shortcomings or what the next study might be. Also, attach the evaluation of intervention study worksheet. End the critique with possible applications to intervention.

Grading will be as follows:

Worksheet for Evaluating Intervention Studies

Title of Article: _____

Authors: _____

Journal and Publication Date: _____

Target of Intervention: _____

Intervention: _____

Comparison Condition(s): _____

Outcome Question: _____

Outcome Variables					
Significant short term?					
Effect size?					
Significant long term?					
Effect size?					

Other Outcomes: _____

Population Studied: _____

Quality of Evidence: Level of evidence? _____

Number of participants in treatment condition? _____

Blinding? _____

Intervention (Dosage) Time: # Sessions ____
Minutes per session ____
Times per week ____
Weeks ____

Service Delivery: _____

Cost Estimate: \$ _____

Strengths and Weaknesses of administering intervention in your clinical setting?

Strength: _____

Weakness: _____

Would you apply this intervention in your clinical practice? Yes No

Note. The levels of evidence are based on the Scottish Intercollegiate Guideline Network (www.sign.ac.uk <<http://www.sign.ac.uk/>>) which was adapted by ASHA (2004). The first level, 1a, is the highest and strongest level of evidence. It consists of meta-analysis studies that have been conducted with more than one randomized controlled trial. The second level, Ib, is the next highest level of evidence and consists of a randomized controlled trial. The third level, IIa, is a study with an experimental group and a control group, but no randomization. The fourth level, III, consists of studies that show relationships between one variable and another, but not cause and effect data. The fourth level (III) would also include case studies that do not have controls for maturation. The lowest level of evidence, is level IV, and consists of reports by experts in the field who support or do not support the use of a particular intervention.