ASSESSMENT OF DEVELOPMENTAL LANGUAGE DISORDERS

> LECTURE 6 CLINICAL PROCEDURES RHS-378

Steps in Language Assessment

- Case Hx
- Contributing factors.
- Screen the patient's Language skills
- If the patient fails, then:
- 1. Informal or formal tests
- 2. Language Sample

Why is language hard to assess

- 1. Because everyone grows with a different background therefore the definition of NORMAL language is broad.
- 2. Language is influenced by other aspects of development(cognition, motor and social development).
- 3. Assessment of language components individually doesn't give information on its use as whole.
- 4. Children with developmental language disorders are still developing their language. (what was normal at one age is not in another).
- 5. Individual variability you cannot use one way of testing on everyone

Assessment approaches

1. <u>Psychometric / Quantitative</u> <u>Approach:</u>

Compares the patient's scores in tests with the results of other individuals (norms) of the same age or grade to come up with the results of the assessment.

Uses Standardized Tests, that are norm referenced to determine wither there is a problem or not.

<u>Psychometric / Quantitative</u> <u>Approach:</u>

- A *well* standardized test can give us an idea as to what areas function as relative strengths and which are relatively weak.
- Some standardized tests facilitate comparisons among the language subsystems: semantics, syntax, phonology, etc.
- A well standardized test provides information regarding reliability of measurement, which affects our ability to interpret the test results. The more reliable the test, the greater the likelihood that we would get similar scores if we were to re-test the child.

Psychometric / Quantitative <u>Approach:</u>

• <u>Advantage:</u>

- 1. Time-efficient.
- 2. Objective, valid, and reliable.
- 3. Typically norm-referenced, and will help determine wither there is a problem or not.

• <u>Limitations:</u>

- 1. Do not assess the complex, multidimensional aspect of language
- 2. Not always appropriate for patient's.(profiles of the patient doesn't match that of the norms)
- 3. It is important to note that abilities beyond language (for example, hearing, vision, attending, compliance) may be contributing factors when an individual earns a low score on a norm-referenced language test.

Assessment approaches

2. <u>Descriptive / Qualitive Approach:</u>

Attempts to describe the individual's language, and compares it b/w past and current performance.

Involves using Language Sample Analysis and Observation of the patient in naturalistic settings.

Descriptive / Qualitive Approach:

- Interacting naturally with a child and documenting his/her language production provides a sample that is likely to be closer to "real life" than a standardized test.
- We can analyze the sample in different ways to look at different types of skills, thus the sample is more flexible than a standardized test.
- The obtained sample is typically longer than the sample obtained from a standardized test, and analysis of the sample is often useful for the purposes of planning an intervention program.

Descriptive / Qualitive Approach:

• Advantage:

Allows the clinician to determine wither the problem is affecting the patient's day-to-day communicative interactions.

• <u>Limitations:</u>

- 1. Time-consuming
- 2. Reliability and validity of the finding depends on
 - The SLP's level of expertise.
 - The mood of the child,
 - The rapport that exists between the clinician and child
 - How representative of the patient the sample was.

Assessment approaches

- Employing both quantitative and qualitative procedures is the best.
- It helps in analyzing the patient's performance on standardized tests before analyzing the spontaneous sample of language.
- High scores on a standardized test may help to rule-out certain types of problems.
- Low scores beg for an explanation and prove to be a challenge to interpret. A low score could be related to low language ability (it could also be related to other factors such as attending, hearing, vision, compliance, etc.)

 The standardized test allows SLP to develop hypotheses, which can then be tested using qualitative approaches

 Qualitative approaches are more likely to provide insight when having an idea as to what the SLP is looking for.

Indicators That A Child May Be More Likely To Develop Language Disorders

- Prematurity / low birth weight
- Maternal drug abuse, alcoholism
- Genetic syndromes
- Any natal condition that causes brain injury
- Sensory defect
- physical disability and frequent hospitalizations
- Neglect and abuse
- Lack of eye contact
- Lack o smile
- Reduced use of gestures
- Lack of joint attention
- Lack of play activities
- Delayed babbling
- Early phonological difficulties

Categories of Language Disorders

- <u>Specific Language Impairment (SLI):</u>
- Normal sequence of development but Impaired rate of language aquisition.
- <u>Language Learning disability:</u>
- Difficulty in acquiring and using the language (central nervous system dysfunction)
- <u>Autism Spectrum Disorder/ Pervasive</u> <u>Developmental Disorders:</u>
- Impairment in communication nd social skills
- <u>Brain Injury</u>
- Mental Retardation
- <u>Deafness</u>

Parental Involvement

- The best source of information about the child's Hx and current communicative abilities and deficiencies.
- Observation of the Childs interactive with his/her caretakers is the best and most representative communication sample.
- Note how typical the parents communication is
- ***the child may not be developing WN expectation because the parental model is deficient

Components of Language

• <u>Semantics</u>: Meaning of language.

• <u>Syntactic</u>: Grammar

• <u>Morphologic</u>: Units of meaning:

• <u>**Pragmatic:</u>** Social aspects of language.</u>

Selecting assessment procedures

- Consider the verbal level of the patient:
- 1. Nonverbal
- 2. Minimally verbal
- 3. A child who uses early multiword combinations
- 4. A child who is conversational
- You select tasks and items depending on the info you collected from the parents and the case Hx and the child interview

Formal tests

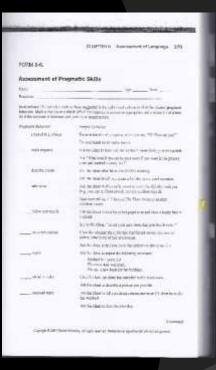
- User manual
- Picture manual
- Norms
- Items
- Test fill out sheet

Informal tests

- Depends on the SLP expertise and creativity.
- The technique used depends on : age, current linguistic abilities of the child, and the specific behaviors the SLP wants to assess.
- It assess the components of language expressively and receptively

Assessment of Pragmatic Skills

- The patient's social skills:
- Turn taking
- Eye-gaze
- Appropriate use of words
- Appropriate conversation
- Responses
- Conversational skills



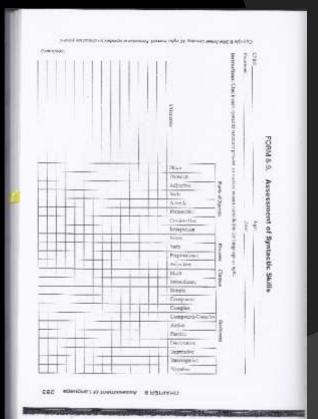
Assessment of Semantic Skills

- We use pictures toys and games to assess semantics
- When assessing semantic skills note the following:
- 1. Use of words
- 2. Incorrect words substitution
- 3. Overgeneralization/under generalization
- 4. Word finding problems
- 5. Types of words
- 6. Use of pronouns
- 7. Comprehension



Assessment of Syntactic Skills

- Look for verity
- Celerity of phrases
- Length of utterances
- Types of sentences
- Verity of sentence structures
- Use of pronoun references
- Comprehension



Assessment of Morphological Skills:

 Identify the morphological structures the patient's using and if his/her use is correct or not

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Making diagnosis:

- Delayed onset of language
- Limited amount of language
- Deficiency in syntax, semantics, and or morphology
- Deficient cognitive skills
- Academic problems
- Limited language comprehension
- Poor listening skills
- Limited conversational skills
- Limited ability to narrate experience
- A general inappropriate us of language

Thank you