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1973

A Description of Characteristics
of Very Young Children Referred
for Speech and Language Evaluation
(at Central Institute for the Deaf)

Kathleen Fioretti

FOR REFERENCE

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A Description of Characteristics
of Very Young Children Referred for Speech and Language
Evaluation (at Central Institute for the Deaf)

Within the last decade educators, legislators and parents have demonstrated a growing concern for early childhood education. The increasing number of public and private preschools, day nurseries and Head Start programs testifies to this trend. The traditional concept of "schooling at age six" has begun to wane in view of accumulating research which underscores the importance of a child's early years. Benjamin S. Bloom (1964) has capsulized pertinent findings as follows:

"We believe that the early environment is of crucial importance for three reasons. The first is based on the very rapid growth of selected characteristics in the early years and conceives of the variations in the early environment as so important because they shape these characteristics in their most rapid periods of formation.

. . . another way of viewing the importance of the early environment has to do with the sequential nature of much of human development . . . the developments that take place in the early years are crucial for all that follows.

A third reason for the crucial importance of the early environment and early experiences stems from learning theory. It is much easier to learn something new than it is to stamp out one set of learned behaviors and replace them by a new set . . .

. . . all three tend to confirm the tremendous power of early learning and its resistance to later alteration or extinction."

As a consequence of the rise of the preschool movement, considerable attention has been drawn to the notion of early identification, assessment and treatment of children who exhibit deviant behavior. This project was concerned with children three and one half years of age or younger who were referred to the Central Institute for the Deaf Speech and Hearing Clinic from January, 1971 to December, 1972. The first objective

was to take a general census enumerating the reasons for referral, the referring agencies, and the percentage of persons evaluated who were three and one half years of age or younger. Second, the possibility of classifying children with deviant language behavior according to patterns of deficit was investigated. A record of language change (dating from the first evaluation to the subsequent re-evaluation) was kept to determine each child's course of improvement. Third, children with the same pattern of deficit were compared to determine whether their course of improvement was characteristic of a given category.

CENSUS

Procedure: The evaluation schedules of clinical staff members were reviewed to arrive at the percentage of persons three years, six months or younger evaluated from January, 1971 to December, 1972. Information regarding reasons for referral and referral agencies was taken directly from case history reports.

1. Percentage of persons three years, six months or below.

In 1971 approximately 135 persons were referred directly to the Division of Speech Pathology. Of this number 27% were 3 years, 6 months of age or younger. 15% of those evaluated were 3-0 or younger. 5% of those seen were 2-6 or below.

In 1972 approximately 133 persons were referred directly to the Division of Speech Pathology. 28% of those referred were 3 years, 6 months of age or younger. 14% of those evaluated were 3-0 or younger. 6% of those seen were 2-6 or below.

The percentage of children in this age range referred for speech and language evaluations remained stable over the two year time span. It should be noted that these figures do not include those children referred directly to the Hearing Clinic. (See Table I)

2. Referral Agencies.

In 1971 approximately 59% of this population were referred by pediatricians. Approximately 19% were referred by physicians at St. Louis Children's Hospital. Approximately 14% were referred by other agencies.

In 1972 approximately 25% of the children were referred by pediatricians. Approximately 50% were referred by physicians at Children's Hospital. Approximately 8% were referred by other agencies. (See Table II)

3. Reasons for Referral.

Case history forms were examined for the parents' description of the problem. Responses were categorized as shown in Table III.

It was interesting to note that over the two year period only six out of sixty parents remarked about their children's difficulty in understanding language. A cursory review of evaluation results demonstrated that many parents grossly overestimated their children's ability to understand language.

Patterns of Deficit

The second objective of the project was to investigate the possibility of classifying children with deviant behavior according to previously determined patterns of deficit. Criteria for the selection of children to be further studied were as follows:

1. Chronological age will be no greater than 3 years, 6 months of age.
2. Normal hearing as determined by the audiogram.
3. Expressive language age or receptive language age will be at least 6 months below mental age, as determined by the REEL and Randall's Island Performance Series, respectively.

The relationships among chronological age, mental age, receptive language age and expressive language age determined the pattern of deficit. The patterns of deficit were as follows:

- Pattern 1. Receptive Language Age (RLA) and Mental Age (MA) cluster* six months or more below Chronologic Age (CA). Expressive Language Age (ELA) is six months or more below the RLA-MA cluster.
- Pattern 2. MA is six months or more below CA. RLA falls six months below MA and ELA falls at least six months below RLA.
- Pattern 3. MA is six months or more below CA. RLA and ELA cluster six months or more below MA.
- Pattern 4. RLA, ELA and MA cluster one year or more below CA.
- Pattern 5. MA and CA cluster. RLA and ELA cluster six months or more below CA and MA.

* The designated variables are within a six month range of one another.

Pattern 6. CA, MA and RIA cluster. EIA falls six months or more below these measures.

(See Table IV)

The test results of 23 children were reviewed. As far as possible, the initial result of each test was used in determining the patterns. It was possible to classify 21 of the children according to the designated patterns of deficit. The number of children in each category is listed below.

<u>Patterns of Language Deficit</u>	<u>Number of Children</u>
Pattern 1	2
Pattern 2	2
Pattern 3	2
Pattern 4	2
Pattern 5	2
Pattern 6	<u>11</u>
	21 Total

Comparison of Children Within Categories

The third objective was to compare children within a category to determine whether they improved in a similar fashion. The results of each child's re-evaluation (RLA and EIA) were compared with those of the initial evaluation. Test results were examined for the purpose of reclassifying each child according to one of the patterns of deficit.

The small number of children within each category did not permit any generalizations to be drawn. However, the following observations were made:

Children exhibiting Pattern 1 (2 children over 7 month time period)

1. The pattern of language deficit remained the same.

2. The gap between RIA and EIA remained essentially the same.

Children exhibiting Pattern 2 (2 children over 6 month time period)

1. The pattern of language deficit remained the same.
2. The gap between RIA and EIA remained essentially the same.

Children exhibiting Pattern 3 (2 children over 5 month time period)

1. The pattern of language deficit changed.
2. One child was reclassified into Pattern 4. Language abilities are now commensurate with nonverbal mental age.
3. The other child was reclassified into Pattern 2. Receptive abilities improved significantly.

Children exhibiting Pattern 4 (2 children over 8 month time period)

1. The pattern of deficit remained the same.

Children exhibiting Pattern 5 (2 children over 5 month time period)

1. One child fell within normal limits. However, a severe articulation problem still existed.
2. The other child was reclassified into Pattern 6.

Children exhibiting Pattern 6 (11 children over 5 month time period)

1. The pattern of deficit remained the same for seven children.
2. The EIA of the remaining four children was commensurate with MA.
3. A severe articulation problem still existed in two of the children with normal language.
4. Five of the seven children whose patterns did not change had severe articulation problems.

NOTE: Several of the children who fell into Pattern 6 had severe articulation problems which interfered with an accurate assessment of expressive language performance. It is possible that the four children whose expressive language levels were commensurate with mental age at the time of the subsequent evaluation did not previously have actual delays or deficiencies in expressive language.

Table I

AGE	1971 N=138	1972 N=133
≤ 3-6 years of age	27%	28%
≤ 3-0 years of age	15%	14%
≤ 2-6 years of age	5%	6%

Percentage of persons 3 years, 6 months of age
or younger referred to the Division of
Speech Pathology from January 71 - December 72

Table II

Referral Agencies	1971	1972
Pediatricians	59%	25%
St. Louis Children's Hospital	19%	50%
Other	14%	8%

Table III

Reasons for Referral*	1971	1972
No speech or language	25%	30%
Poor articulation and limited quantity of language	19%	46%
Limited quantity of language	16%	3%
Poor articulation	35%	14%
Possible hearing impairment	3%	7%

* In 1971, 31 out of a total of 37 parents responded to this item on the case history form.

In 1972, 28 out of a total of 36 parents responded to this item on the case history form.

Table IV

Patterns of Deficit

1	2	3	4	5	6
CA	CA	CA	CA	CA-MA	CA-MA-RLA
MA-RLA	MA	MA		EIA-RLA	EIA
EIA	RLA	EIA-RLA	EIA-MA-RLA		
	EIA				

CA: Chronological Age
EIA: Expressive Language Age
MA: Mental Age
RLA: Receptive Language Age

REFERENCE

Bloom, Benjamin S. Stability and Change in Human Characteristics.
(New York: John Wiley and Sons, Inc., 1964), pp. 215-216.