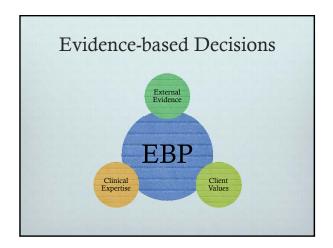
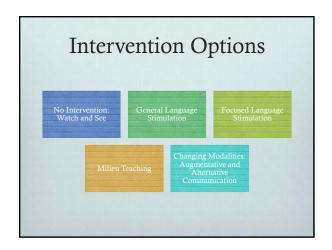


Acknowledgements * Co-Author: Marc E. Fey * Editors: Leslie A. Rescorla and Philip S. Dale * Case Children





Watch and See

- Aggressively monitor language development
- Not for everyone best for children for whom:
 - Only concern is expressive language,
 - There are no issues with speech intelligibility,
 - * There are not high risks for language impairment, and
 - * Language skills continue to develop
- * External Evidence
 - * Weak evidence: Longitudinal observations

Watch and See

- Girolametto, L., Wiigs, M., Smyth, R., Weitzman, E., & Pearce, P.S. (2001). Children with a history of expressive vocabulary delay: Outcomes at 5 years of age. American Journal of Speech-Language Pathology, 10(4), 358–369.
- Paul, R. (1996). Clinical implications of the natural history of slow expressive language development. American Journal of Speech-Language Pathology, 5(2), 5–21.
- Rescorla, L. (2002). Language and reading outcomes to age 9 in late-talking toddlers. *Journal of Speech, Language, and Hearing Research*, 45(2), 360–371.
- Thal, D.J., Bates, E., Goodman, J., & Jahn Samilo, J. (1997). Continuity of language abilities: An exploratory study of late- and early-talking toddlers. *Developmental Neuropsychology*, 13(3), 239–273.
- Whitehurst, G.J., Fischel, J.E., Lonigan, C.J., Valdez Menchaca, M.C., Arnold, D. S., & Smith, M. (1991). Treatment of early expressive language delay: If, when, and how. *Topics in Language Disorders*, 11(4), 55–68.

General Stimulation

- Create a rich language environment of developmentally appropriate language, but no specific targets
- Highly responsive communication partners (clinician or parent):
 - * Follow child's lead
 - Parallel talk
 - * Recasts
- * External evidence
 - Moderately strong for both clinician and parent agents

General Stimulation

- Boyd, R.M. (1980). Language intervention for grade one children. Language, Speech, and Hearing Services in Schools, 11(1), 30–40.
- Robertson, S.B., & Ellis Weismer, S. (1999). Effects of treatment on linguistic and social skills in toddlers with delayed language development. *Journal of Speech, Language, and Hearing Research*, 42(5), 1234–1248.
- Weiss, R.S. (1981). INREAL intervention for language handicapped and bilingual children. *Journal of Early Intervention*, 4(1), 40–51.
- Baxendale, J., & Hesketh, A. (2003). Comparison of the effectiveness of the Hanen Parent Programme and traditional clinic therapy. *International Journal* of Language and Communication Disorders, 38(4), 397–415.
- Buschmann, A., Jooss, B., Rupp, A., Feldhusen, F., Pietz, J., & Philippi, H. (2009). Parent based language intervention for 2-year-old children with specific expressive language delay: A randomised controlled trial. Archives of Disease in Childhood, 94, 110–116.

Focused Stimulation

- Create a rich, focused language environment of developmentally appropriate language with specific language targets:
 - Words
 - Grammatical constructions
 - Other communication skills
- * External evidence
 - * Strong for parent-implemented

Focused Stimulation

- Girolametto, L., Pearce, P.S., & Weitzman, E. (1996). Interactive focused stimulation for toddlers with expressive vocabulary delays. *Journal of Speech and Hearing Research*, 39(6), 1274–1283.
- Girolametto, L., Pearce, P.S., & Weitzman, E. (1997). Effects of lexical intervention on the phonology of late talkers. *Journal of Speech, Language,* and Hearing Research, 40(2), 338–348.
- Girolametto, L., Wiigs, M., Smyth, R., Weitzman, E., & Pearce, P.S. (2001). Children with a history of expressive vocabulary delay: Outcomes at 5 years of age. American Journal of Speech-Language Pathology, 10(4), 358–369.

Milieu Teaching

- Similar to focused stimulation, with addition of the expectation for the child to produce target form through:
 - Prompts
 - Models
 - Request to imitate
- External evidence
 - Moderately-strong based on single subject designed study and randomized experimental designs

Milieu Teaching

- Ellis Weismer, S., Murray Branch, J., & Miller, J.F. (1993). Comparison of two methods for promoting productive vocabulary in late talkers. *Journal of Speech and Hearing Research*, 36(5), 1037–1050.
- 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(1), 157–171.

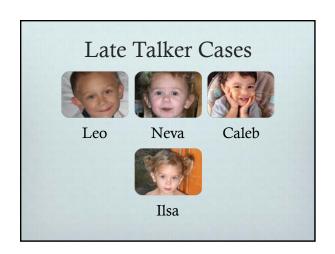
AAC

- Focus on sign and graphic modes of communication may lead to increases in verbal communication
- For example, using MT procedures, prompt for sign or symbol response
- * External evidence
 - Moderately-strong based on single subject designed study and meta-analysis

AAC

- Baumann Leech, E.R., & Cress, C.J. (2011). Indirect facilitation of speech in a late talking child by prompted production of picture symbols or signs. AAC: Augmentative and Alternative Communication, 27(1), 40–52.
- Dunst, C.J., Meter, D., & Hamby, D. (2011). Influences of sign and oral language interventions on the speech and oral language production of young children with disabilities. CELLreviews, 4(4), 1–20.

State Criteria for Part C Eligibility Minnesota Criteria for Eligibility for Services 1. Have a disability; or 2. Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay, or resulting in developmental delay, or resulting in developmental delay, or measured by the appropriate diagnostic measures and procedures, in one or more of the following areas: a) cognitive development; b) physical development, including vision and hearing; c) communication development. d) social or emotional development; c) dimmunication development. d) social or emotional development. e) adaptive development. 2. The child is functioning (£1.5 SD) ellow the mean in any one area listed in 1 above. 3. There are development. 4. The child is functioning (£1.5 SD) ellow the mean in any one area listed in 1 above. 4. The child is functioning (£1.5 SD) ellow the mean in any one area listed in 1 above. 4. The child is functioning (£1.5 SD) ellow the mean in any one area listed in 1 above. 5. There are development. 6. If a development and eleay or at least 1 SD below the multidisciplinary team condudes that a developmental delay or six the same and the six of the same and the same and



Final Thoughts

- There are many aspects of intervention that must be considered: dosage, goals, activities.
- It is important to consider clinician experience and expertise in addition to the external and internal evidence.
- We have limited data on the long-term outcomes post early intervention.