



## **Services and Programs Supporting Young Children's Language Development: Comments on Girolametto, and Thiemann and Warren<sup>1</sup>**

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### **Topic**

*Language development and literacy*

### **Introduction**

Language delays and disorders are an important issue in child development. Beyond the number of young children with language disorders, the long-term impact of such disorders increases the importance of programs to support young children's language acquisition. Children with early language disorders are at risk for social and behavioural problems as well as academic failure, including literacy difficulties.<sup>1</sup> Furthermore, most school-aged children diagnosed with learning disabilities have language as a component of their learning disability.<sup>2</sup> In broader societal terms, estimates have been made of the economic impacts of low language and literacy achievement.<sup>3</sup> Thus, the topic of these two texts is an important one for children and their families, and for society at large. Girolametto, Thiemann and Warren are among the most influential researchers in the area of treatment programs for language disorders in young children. In these papers, Thiemann and Warren conduct a broad review of the evidence for early language intervention while Girolametto specifically focuses his review on research into parent training programs.

### **Research and Conclusions**

Thiemann and Warren highlight the social consequences of a language disorder and then proceed to discuss evidence of effective language intervention. They briefly summarize four different language-teaching strategies that have been demonstrated to improve children's language abilities. Their discussion of the area is particularly useful because they provide a model of language intervention that accommodates these various approaches. Thiemann and Warren argue that effective intervention requires the provision of ideal language-learning situations, which involve providing communication opportunities, following the interests of the child and building predictable, familiar routines. Within an enabling context, the adult can use specific techniques from any of

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<sup>1</sup> Comments on original paper published by Kathy Thiemann and Steven F. Warren in 2004. To have access to this article, contact us at [cedje-ceed@umontreal.ca](mailto:cedje-ceed@umontreal.ca).

the four language-teaching strategies. Thiemann and Warren review evidence showing some factors that may determine which approach is most effective, including developmental level and parent responsiveness.

Girolametto's review of parent-administered language intervention programs identifies the same basic principles and range of language teaching strategies as Thiemann and Warren, although different terminology is sometimes used (e.g. focused stimulation rather than responsive interaction). He reports on literature showing the effectiveness of parent-administered intervention for children with language delays/disorders with and without additional intellectual disabilities. Girolametto notes that programs that involved a focus on specific language targets resulted in greater gains in language than those that did not have such targets. He reports that there is evidence that, as a group, children involved in parent-administered programs make equivalent gains to those in clinician-administered ones. However, these gains may be less consistent on an individual level and influenced by the nature of the child's language profile. Thus, he concludes, while parent-administered programming is a viable, cost-efficient approach to providing services, the child's progress must be carefully monitored.

Not only do the two articles present a similar fundamental approach to language intervention, they also identify similar limitations in current research and areas for future research. As the authors note, a "one size fits all" approach to language intervention will not work. While there are fundamental components that are central to all the early language intervention programs reviewed, there are many child and parent variables that will affect a program's effectiveness. In the papers, the authors discuss some of the factors (e.g. developmental profile, language targets, responsiveness of parents, linguistic and cultural background), but there are other likely factors, such as child temperament and intervention context, that also need to be explored.

Girolametto's review explicitly discusses one intervention context – parent training. Although Thiemann and Warren's review cites studies that used a variety of intervention contexts, they do not discuss this variable in explicit terms. There are at least four general contexts in which language intervention can be provided: individual, small group, classroom and caregiver training. All of these are viable contexts, but much remains to be learned about which is the best approach for which children and families at any point in time. For example, for many "at-risk" children, providing a high-quality preschool with a language-focused curriculum may be sufficient, but some children may require more focused individual or group programming. These contexts can also be combined. Girolametto makes the distinction between parent-administered intervention and parent involvement, in which the parents play a secondary, supporting role in clinician-administered intervention. This is an important distinction, as we should not assume that observing therapy or getting general language facilitation suggestions will be sufficient to enable parents to modify their interactions in facilitative ways. However, a parent-training program could be offered in conjunction with direct services. This may well be the most effective and efficient combination for some children. In order to identify which intervention context or combination of contexts are effective for particular children, additional research is needed.

Both papers note that most of the evidence available speaks only to short-term effects and that there is a need for longitudinal research to document treatment effects over the long term. One long-term effect that is briefly alluded to in the papers but needs closer examination is the ability of early language intervention programs to prepare children with language disorders to meet the language challenges of school, particularly the development of literacy. Thus, preschool language intervention needs to be concerned with and evaluated on its effects in areas such as phonological awareness, narrative abilities and emergent literacy skills, which are all foundations for literacy acquisition.

Finally, the authors call for additional work on the transfer of research findings into practice and policy. This is a critical step that requires specific attention. As Girolametto notes, the parents involved in efficacy research are generally not representative of the population. Similarly, the children and settings involved in a research study are often not typical, or at least are not representative of the full range of children with developmental language disorders and intervention contexts. Once an approach has been shown to be effective in a controlled research study, it is necessary to determine that similar effects can be achieved in average treatment settings.

### **Implications for the Development of Policy**

Given the social, educational and economic impacts of developmental language disorders, it is clear that services for children with such disorders need to be a priority. As noted in both papers, research has shown that we can impact child outcomes. The research reviewed by these authors demonstrates that within a responsive environment, a variety of specific intervention techniques can be effectively used by clinicians, preschool teachers and parents. If we are to provide the support children and their families need, it is vital that adequate funding of the full range of intervention contexts – individual, small group, parent training and preschool-based – be provided. Further, appropriate preservice training and continuing education need to be provided to everyone who works with the children and their families. This includes speech-language pathologists, early interventionists, early childhood educators and child-care providers.

In developing intervention programs, we need to be concerned about effectiveness and efficiency. As Girolametto notes, parent-administered intervention has been shown to be an effective intervention option that is cost-effective. However, he notes that there is evidence that the gains made by children may be more variable than those made by children receiving clinician-directed intervention and that little is known about the effects of this type of intervention with families from diverse cultures. Thus, more research is needed to establish for which children and families this cost-effective approach is the best option. Girolametto calls for the content of parent-administered interventions to be made widely available for those who cannot participate in a formal program. Such initiatives can be useful and it is important to provide all parents with information on language facilitation. However, it is not known what effect the provision of information alone will have, and it is unrealistic to assume that this will meet the needs of a child with a language disorder. Evidence that programs with specific language targets are more effective than programs with a more general facilitation approach, and findings that parent responsiveness is a factor in program outcomes suggest that the provision of

information will not be sufficient. Thus, for parents who are unable to participate in a formal parent program, alternative intervention options should be available.

Although our current knowledge allows the development of effective interventions, there is still much to be determined if we are to develop programs that enable children to achieve full potential. Therefore, it is important that there be sufficient support for programmatic efficacy research. Efficacy research is difficult and expensive to conduct, but only by gathering more evidence-based data will we be able to determine the best match between child, family and intervention program. As additional evidence is gathered, it is essential that the knowledge transfer occurs, ensuring that research findings are incorporated into practice. This will necessitate support for the integration of findings across multiple studies in a manner that makes the research accessible. Coordinated efforts among researchers, service-providers and policy-makers are crucial if we are to develop effective and efficient early language intervention programs.

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- [How important is it?](#)
- [What do we know?](#)
- [What can be done?](#)
- [According to experts](#)
- [Key messages](#)

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