Use of Oral Narrative and Morphosyntactic Activities to Improve Grammar Skills in Pupils with Specific Language Impairment (SLI)*

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Resumen

El uso combinado de narraciones orales y actividades morfosintácticas para mejorar habilidades gramaticales de alumnado con trastorno específico del lenguaje (TEL)


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Introduction

Children with Specific Language Impairment (SLI) are characterized by a primary disorder in language learning not accompanied by neurological, cognitive or sensory deficits (Leonard, 2014). Although they show typical difficulties in various language areas, it is their grammar skills which are particularly affected. These deficits take the form of limitations in the production and...
understanding of complex sentences and utterances marked by ungrammaticality (Anderson, 2007). While most of the research on this topic comes from work done with English-speaking children, in recent years researchers have increasingly shown interest in studying this phenomenon in speakers of other languages, such as Spanish. Indeed, such papers have documented problems in the production of articles and clitic pronouns and with the use of verbal inflections (Bosh & Serra, 1997; Coloma, Araya, Quesada, Pavez, & Maggiolo, 2016; Grinstead et al., 2013; Gutiérrez-Cieller, Restrepo, & Simon-Cereijido, 2006).

Given the above considerations, it is clear that therapy for children with SLI must focus on deficits in the grammatical system. However, problems have been observed in the results obtained from such treatments, largely due to the great divergence in study design. For example, grammatical intervention objectives have been included in general language stimulation programs as opposed to other, more specific programs: in other cases, more attention has been given to production that to comprehension, or greater emphasis placed on treating younger children over older children and adolescents (Hadley, 2014); and finally, there has been huge diversity in the ways therapies are organized (professionals vs parents, one-on-one vs group) and in the intervention approaches used, which might be implicit, explicit, or a combination of the two (Ebbels, 2008).

With respect to this last point, recent work by Ebbels (2014) and Mendoza (2016) offers a review of the different approaches used in grammar intervention. These authors explain that implicit approaches use methods that attempt to facilitate the acquisition of the grammatical forms usually omitted by children aged 4–12. The most common procedures used here are imitation training, modeling or focused stimulation, and recasting. Explicit approaches are directed at teaching grammar rules, often using visual cues. Among these approaches we find color keys and the combination of shapes, colors, and arrows to indicate different parts of the morphology and syntax. Finally, combined approaches have focused on meeting grammar objectives through the use of oral narratives and morphosyntactic activities (Proctor-Williams, 2014; Swanson, Fey, Mills, & Hood, 2005).

It is in this latter context – the approach that combines oral narratives and morphosyntactic activities – that the present research should be placed. The overall objective is to improve grammar production and consequently reduce ungrammaticality in children diagnosed with SLI. In particular, and with respect to the different phases of the intervention program, the specific objectives of the present study are as follows: first, to reduce total ungrammaticality in children with SLI; second, to limit the production of ungrammatical sentences; and finally, to reduce the production of grammatical errors, both morphological and syntactic.

Method

Participants

The sample consisted of 68 primary school children, divided into two groups, experimental and control. The experimental or SLI group (SG) consisted of 34 children (mean age = 8.0 years, range = 5.7–11.5, SD = 1.6). The control group (CG) consisted of 34 children with typical language development. To make up the control group, children were chosen from among the classmates of the children with SLI in order to homogenize the sample as much as possible by eliminating variables such as the school context, teacher, methodology or peer group. The control group pupils had no language problems and followed schooling within the usual parameters (mean age = 7.95 years, range = 5.7–11.4, SD = 1.6). The 68 pupils were recruited from 19 schools, including both public schools (approximately 70% of the total, with a medium-low to medium social profile) and charter (subsidized) schools (approximately 30% of the total, with a medium social profile); in both cases, the sample included both rural and urban schools.

Instruments

For the sample selection, we applied certain exclusion criteria related to SLI present in the literature. Namely, the pupils’ school histories were examined to ensure no major problems existed, especially with respect to their hearing and orofacial motor skills. Then, the three tests set forth below were administered.

CELF-3 (Semel, Wiig, & Secord, 2003): The CELF is the test most commonly used internationally for the study of this disorder, and version 3 is the one that was available when the present study was begun. This is a standardized language test with scales for Spanish speakers in the United States, with Cronbach’s alpha between .74 and .91. It evaluates the processes of language comprehension and expression in general, by means of tasks involving the structuring and formulation of sentences, concepts and directions, structure and kinds of words, and remembering sentences.

Peabody (Dunn, Dunn, & Arribas, 2006): This test focuses on vocabulary and can be administered between 2.6 and 16 years of age, with a reliability of α = .93. The child must choose from among four images the one corresponding to the word given by the evaluator and the vocabulary used consists of names of objects, situations, professions and animals, actions and attributes.

ITPA (Kirk, McCarthy, & Kirk, 2005): From this test, we administered the Visual and Hearing Association subtest (Cronbach’s alpha between .75 and .91) to check the degree of knowledge of conceptual relationships (semantic psycholinguistic processes).

K-BIT (Kaufman & Kaufman, 2000): This test was chosen because it uses the non-verbal forms (α = .98).

The results of the entire evaluation process for both groups are set out in Table 1. Reliability and validity of the scales were calculated using the coefficients for internal consistency (Cronbach’s α), compound reliability (McDonald’s ω), and convergent validity, which was measured using average variance extracted (AVE). Optimal results were obtained in all three indices for the CELF Expressive and Receptive subtests, the Peabody test, and the non-verbal IQ (K-BIT) test. The Hearing Association and Visual Association subtests of the ITPA obtained lower results for the coefficients of internal consistency, compound reliability, and convergent validity, although they were within the appropriate range.

Procedure

Sample selection and evaluation

An initial screening was carried out in all of the schools of the island of Tenerife, with the help of the schools’ educational and psychopedagogical staff, who were asked to refer all students with possible signs of SLI, that is to say, those who showed problems with language comprehension and/or expression. A total of 65 pupils were referred in this way. To confirm the diagnosis, these pupils were subjected to the tests described above: 31 pupils were not included in the final sample as they exhibited problems related to articulation only, with no morphosyntactic or lexico-semantic components. The results of the CELF-3 are crucial for SLI diagnosis, and the pupils in the experimental group obtained mean scores below –1.25 for language capacity, as required by important authors such as Leonard (2014). The results obtained in the Peabody and ITPA in the SLI group were below the chronological age. The results of the K-BIT showed that the children with SLI had a non-verbal IQ equal to or higher than 85. Once the SLI group was identified, the pupils’ parents/legal guardians were contacted to obtain informed written consent for their child’s participation in
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