



Comparison of severity ratings on norm-referenced tests for children with specific language impairment

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ABSTRACT

Purpose: This study evaluated the consistency in severity classifications for children with language impairment on tests of child language.

Methods: The TELD-3 and the UTLD-4 were administered to 16 preschool children with specific language impairment (SLI) and 16 typical controls. The boundaries described in the test manuals were used to assign language proficiency ratings to these children and to subsequently evaluate the consistency in these designations.

Results: Performance categories were more consistent for the typical children than for the children with SLI. When evaluating how children perform on the two tests, the severity category remained consistent for only 19% of the children with SLI when using the severity category boundaries recommended within the test manuals.

Conclusions: Clinicians should be cautious in assigning severity of impairment classifications to children with language impairment based, in part or in whole, on their performance on norm-referenced tests.

Learning outcomes: Readers will see the importance of relying on empirical evidence to support their clinical decisions, specifically in the area of severity of impairment determinations. Readers will learn of the lack of stability in severity of language impairment classifications for children with language impairment on tests of child language. Consequently, readers will learn to be cautious in the selection of norm-referenced tests of child language for the purposes of informing severity of impairment determinations.

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1. Introduction

A diagnosis of language impairment in a child is typically followed by another clinical judgment, the determination of severity. Practical clinical guidelines for determining severity of impairment have not been established. In the absence of a gold standard, it is important to evaluate the usefulness of currently available tools for this purpose. A prior study by Spaulding, Swartwout Szulga, and Figueroa et al. (in press) found that a number of U.S. State Departments of Education indicate that clinicians are to use scores on norm-referenced assessments to determine or to assist in determining children's degree of language impairment. The authors also found that eleven norm-referenced test manuals of child language provide severity categories for clinicians to use based on children's performance on these tests. This investigation was designed to determine if there is empirical support for identifying severity of language impairment using norm-referenced test scores. Specifically, the consistency of severity designations assigned to

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preschool children with specific language impairment (SLI) was determined using the procedures identified within the corresponding norm-referenced test manuals of child language.

A child's language proficiency is the characterization of his or her language skills relative to some benchmark or expectation. When assessing the language proficiency of children with language impairment, this comparison is typically made relative to their same-aged peers. A given child's language proficiency can be similar to that expected for their age, above expectations for their age, or in the case of language impairment, below developmental expectations. Descriptive terms are often used to characterize children's degree of language proficiency. For example, a child with acceptable language skills for their age may be characterized as exhibiting "average" language skills or their language skills may be classified as "above average", "advanced", or "very advanced" for their age. In the case of language impairment, proficiency labels represent severity of impairment. For example, a language impaired child's language skills may be characterized as "delayed", "very delayed", "below average", "low", "very low", or their language impairment may be classified as "mild", "moderate", "severe", or "profound".

One way to measure a child's language proficiency is to compare a child's score on a norm-referenced test to proficiency criteria available within the examiner's manual. Prior work has demonstrated that 11 of the most recent editions of tests of child language provide tables within their manuals to convert a child's given score to a proficiency category (Spaulding et al., in press). Each one of the tables in the test manuals provides a range of scores associated with each proficiency category. A child's language proficiency category is determined based on which range of scores encompasses their score on the norm-referenced test.

For speech language pathologists who typically administer such tests when there is a suspected or confirmed language impairment, these proficiency characterizations are assumed to be useful for describing the language skills of children with language impairment relative to their peers, as children with language impairment are not developing language in an appropriate manner or at an adequate pace relative to children who are becoming proficient, competent language users. The goal of the severity labels provided by a test score to proficiency label conversion is to determine how disparate, or off track a given child's language skills are relative to his or her peers. This information is used to inform clinical judgment, as it goes one step further than identifying if an impairment exists by providing the clinician with information as to how impaired a child's linguistic skills are relative to age expectations.

An important issue that arises when using children's scores on norm-referenced assessments to determine or to assist in determining severity of impairment is that a child's performance may differ depending on which assessments are selected for this purpose. A review of 43 tests of child language indicates that there is substantial variability in the mean performance of children with language impairment, in particular, across tests of child language (Spaulding, Plante, & Farinella, 2006). This may be expected given that some tests assess language more broadly, while others assess a single language domain. However, a number of studies have found that, even when assessing the identical language domain, the same sample of children with language impairment perform differently depending on which norm-referenced test is administered (e.g., Ballantyne, Spilkin, & Trauner, 2007; Gray, Plante, Vance, & Henrichsen, 1999; Merrell & Plante, 1997; Rice, Ash, Abel, & Lee, 2008). If differences are sufficiently large the severity designation, if based on test scores, may also differ depending upon which test is selected for interpretation.

One investigation to date has documented differences in severity ratings assigned to children with language impairment. Ballantyne et al. (2007) compared the performance of children with language impairment on the *Clinical Evaluation of Language Fundamentals-Revised* (CELF-R; Semel, Wiig, & Secord, 1987) and the *Clinical Evaluation of Language Fundamentals-Third Edition* (CELF-3; Semel, Wiig, & Secord, 1995). Their investigation consisted of a cross-sectional study and a longitudinal study of school-age children with language impairment. The results of both found that children with language impairment (and typical language peers) performed better on the newer version (the CELF-3) than the previous version (the CELF-R). Applying the cut-offs for severity categories provided within the test manuals resulted in a decrease in documented severity for school-age children with language impairment on the CELF-3 relative to the CELF-R. Thirteen children, which constituted the longitudinal sample of children with SLI, were given both the CELF-R and the CELF-3. However, substantial time had elapsed between administration of these two tests. For example, the children ranged from 5 years, 0 months to 11 years, 9 months when they were given the CELF-R, but were between 8 years, 4 months and 15 years, 8 months of age when administered the CELF-3. The average time between administration of the CELF-R and the CELF-3 was four years. Spaulding et al. (2006) documented substantial variability in how children with language impairment, relative to typical language peers, performed on the same test across different ages. In addition, a study by Conti-Ramsden, Botting, Simkin, and Knox (2001) found that language profiles varied dramatically for many children with SLI when comparing skills from 7 to 11 years of age, consistent with a four year duration. Given such variation, whether or not severity ratings would change or remain consistent if children with SLI were administered both tests at the same age is still an open question.

The findings of inconsistent severity classifications by Ballantyne et al. (2007), however, do suggest that caution may be needed when assigning severity categories to children with language impairment based, in part or in whole, on their performance on norm-referenced tests. This caution, however, does not appear to be heavily considered by a number of U.S. State Departments of Education. Spaulding et al. (in press) conducted a recent review of U.S. State Departments' of Education guidelines for ascertaining severity of impairment, and found that eight states provided specific criteria for using norm-referenced test scores to inform severity of language impairment determinations. Unfortunately, seven of the eight states provided criteria for converting a child's test score to a severity rating using specific boundaries without indicating which norm-referenced tests are appropriate for the boundaries specified. Without this information, an assumption would be to

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