

The feasibility of morphosyntax therapy in young children with SLI

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SAMENVATTING

Achtergrond:

Er is weinig bekend over de effectiviteit van therapie bij kinderen met een taalontwikkelingsstoornis in combinatie met een stoornis in morfosyntax. Een mogelijk effectieve therapie zou communicatieve taaltherapie (CTT) kunnen zijn, deze therapie combineert verschillende effectieve aspecten als modelling, recasten en imitatie.

Onderzoeksvragen:

Is er een significant verschil in de morfosyntaxis gemeten door 'zinnen herhalen' en 'zinnen begrijpen' bij CTT en reguliere logopedische therapie?

Hoe ervaart de logopedist de haalbaarheid van CTT met behulp van een protocol?

Hoe ervaren ouders de haalbaarheid van de huiswerkopdrachten op basis van CTT?

Wat zijn de kenmerken van de reguliere logopedische therapie in het speciaal onderwijs?

Methode:

Deze studie onderzoekt de haalbaarheid van CTT bij kinderen (4;0-5;11) met een taalontwikkelingsstoornis (TOS) in combinatie met een morfosyntactische stoornis. De effectiviteit werd gemeten met de CELF-2-NL preschool.

De ervaringen van de logopedisten werden onderzocht in een interview en een vragenlijst.

De ouders hebben een online vragenlijst ingevuld om de haalbaarheid van de huiswerkopdrachten te onderzoeken.

Tenslotte werd een analyse van de reguliere logopedische therapie gemaakt.

Resultaten:

Er is een significant positief verschil gevonden in de subtest 'zinnen herhalen' tijdens de periode van CTT.

De logopedisten vonden de voorbereidingstijd te hoog en de doelzinnen niet altijd op het juiste niveau.

Vier ouders vulden de online enquête in. Alle ouders die de vragenlijst hebben ingevuld, hebben de opdrachten meer dan twee keer gedaan in een periode van zes weken.

De reguliere logopedische therapie is meestal een combinatie van twee of drie doelen inclusief morfosyntaxis, de meeste materialen waren twee dimensionaal.

Conclusie:

CTT is een mogelijke effectieve methode voor morfosyntaxis therapie bij jonge kinderen met een TOS in combinatie met een stoornis in de morfosyntaxis.

Aanbevelingen

Een langere interventieperiode met meer kinderen en een analyse van de ontwikkeling van de spontane taal.

Trefwoorden: taalontwikkelingsstoornissen (TOS), kinderen, communicatieve taaltherapie (CTT), interventie

ABSTRACT

Background: In previous research different outcomes were found for the effect of morphosyntax therapy in children. One possible effective therapy could be Language in Interactive Therapy (LIT), which combines therapy aspects like modelling, recasting and imitation that are investigated.

Research questions:

Is there a significant difference in morphosyntax development as measured by sentence repetition and sentence understanding during LIT and care as usual in young children with SLI?

How do SLTs experience the feasibility of LIT using a protocol?

How do parents experience the feasibility of the homework assignments based on LIT?

What are the characteristics and dosage of care as usual in special needs education in young children with SLI?

Method:

This study investigated the feasibility of LIT. Children (4;0 – 5;11) with a SLI in combination with a morphosyntactic impairment were included. The effectiveness was measured with the CELF-2-NL preschool. The experiences of the SLTs were investigated in a survey. Thereby the parents filled in an online questionnaire to investigate the feasibility of the homework assignments. Finally, an analysis of the care as usual was made.

Results:

A significant positive difference was found in the subtest sentence repetition during the period of LIT. The SLTs found the preparation time too high and the goal sentence structure not always set on the right level. Four parents filled in the online questionnaire. All parents that filled in the questionnaire did the assignments more than two times during the LIT period. The care as usual mostly combines two or three goals which included morphosyntax, most materials used were two dimensional.

Conclusion:

LIT is a possible effective method for morphosyntax therapy in young children with a specific language impairment in combination with an impairment in morphosyntax.

Recommendations:

Larger intervention period with more children included, an analysis of the development in spontaneous language.

Keywords: specific language impairment (SLI), morphosyntax, pre-schoolers, language in interactive therapy (LIT)

INTRODUCTION

Approximately 7% of all children have a language impairment, which cannot be explained by low intelligence, hearing impairment or neurological damage. This unexplained language impairment is often called a specific language impairment (SLI). Children with SLI have a higher risk of poor literacy and low academic outcome throughout their school years (1).

Many children with SLI have an impairment in their morphosyntactic development, which is also used as a clinical marker to diagnose SLI. Typically developing children will start producing short sentences around 2;6 year and will begin to make more complex sentences around the age of three. Children with SLI will continue to use short sentences for a prolonged period (2,3). They have more difficulties with sentence structure and the construction of more complex sentences (2,4). Because of these morphosyntactic difficulties children can often not express themselves successfully and communication is restricted. Therefore, it is important that children with SLI receive speech language therapy to improve their communicative abilities (4).

Children with morphosyntactic impairment in Dutch will use the root infinitive for a prolonged period. This means that the verb is set at the end of the sentence in the infinitive form (3). Blom et al (2014) investigated the subject verb agreement in Dutch language and found that in children with SLI verb morphology is affected by verb phonology (5).

According to Law et al. (2004) therapy approaches vary internationally (6). Mixed findings were reported for the effectiveness of expressive (morpho)syntax interventions (7). Therefore, it is important to further investigate the effectiveness of morphosyntax therapy so children with morphosyntax impairment receive the best available therapy. There is no evidence based morphosyntax therapy method available in the Netherlands.

In the Netherlands Language in Interactive Therapy (LIT) has been developed which combines several elements like modelling, recasting, imitation, priming and focused stimulation (8). Each of these elements separately have been reported to be effective for improving the morphosyntax of children. Therefore the expectation is that this therapy might be effective for children with SLI (4,6). During the therapy sessions the speech and language therapist (SLT) and the children participate in play activities. The SLT responds to the utterances of the child in a conversational way, containing some linguistic feedback like recasting (8). Furthermore, it is important to embed the morphosyntactic goals of the therapy in an interactive exercise, because this will increase the chance that the child will use the learned structure in daily life (2). Also, the therapy goals are set prior to the therapy. Leonard describes that in this way the therapy will be more effective (6).

In order to investigate LIT it is also important to know characteristics of care as usual in the Netherlands in order to compare the feasibility of LIT with care as usual. There is one

study which investigated the care as usual in clinical practices in the Netherlands. Scheider et al. (2014) investigated with a questionnaire among 242 speech language therapists (SLTs) in private practises which therapy methods are mostly used in the Netherlands to improve the morphosyntactic abilities of children. They found that the programmes *Transparent* (9) and *TenT* (10) are used mostly, which mainly focus on training with example sentences rather than treatment in a communicative context. The most important reason for SLTs to choose these methods is experience instead of evidence based practice (11).

According to the guideline for complex intervention this study is a first feasibility study to investigate the feasibility of LIT (12).

Research questions:

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METHODS

Design

In this feasibility study Language in Interactive Therapy (LIT) was investigated using a single subject multiple baseline design. This study started in January 2016 and lasted six months. All children first received care as usual for a period of six weeks, after care as usual all children received LIT according to a protocol for six weeks.

Participants

The participants were children attending a special needs education school for children with language and/or communication impairment in a city area in the Netherlands. In these schools Speech Language Therapists (SLTs) are available who give individual and group speech and language therapy. Requirements for admission to these special needs education schools are a normal nonverbal IQ (above 85) and a language impairment. Therefore regular schools are not suitable for these children.

Children were eligible to participate in this study when they met all of the following additional criteria: (1) A score below -1,5 SD on the Schlichting test voor zinsontwikkeling (Dutch test to measure morphology and syntax development) (13) (Based on measurements up to one year old) and (2) between 4:0 and 6:0 years of age at the start of the study. Children with hearing impairment were excluded.

All parents received an information letter with an informed consent form. If the parents agreed to let their child participate in this study they returned the signed informed consent form to the SLT of their child.

All SLTs that were asked to participate in this study agreed.

All data was saved on a secured computer and analysed anonymously.

This study was conducted according to the Helsinki principles (14). As confirmed by the Medical Ethical Screening Committee of the Faculty of Health of the University of Applied Sciences Utrecht, no approval was needed by the Medical Research Committee, because this study was part of a larger study conducted by the University of Applied Sciences Utrecht.

Language in Interactive therapy

In order to make LIT more feasible for SLTs in clinical practices Rodenburg et al. (2013) developed scripts based on LIT for therapy sessions in multiple themes (15). These scripts include goal sentence structures, goal words per session and detailed activities including material needed.

For this study protocols were made based on the scripts of Rodenburg et al (2013). These protocols describe the goal sentence structure with example sentences, the materials needed, the activities and an indication of the time per activity. An example of a protocol can be found in appendix 1. For every child six protocols were made for each of the six therapy

sessions. To set the goal sentence structure the treatment plan of the child was used. The activities of the protocols were equal for all children; each week there was another activity.

Measurements

For the analysis of the effectiveness of LIT the CELF-2-NL (Clinical Evaluation of Language Fundamentals) preschool (16) was used. Children were assessed three times with this test. The first time before care as usual (T_0), the second time between care as usual and LIT (T_1) and finally after LIT (T_2). This test was used because it had high scores on validity and reliability (17).

Main themes of the questionnaire for the SLTs were the preparation time needed, experiences of the SLT and the child during the therapy session and the possible progress of the children.

The questionnaire of the parents was designed to investigate the feasibility of the homework assignments, if parents did the homework assignments and if the assignments were clear.

The goal of the therapy record form was to investigate the therapy goal, materials used, therapy setting (alone or in a small group), and if homework was given to the parents during care as usual.

Procedures

The subtests 'sentence repetition' and 'sentence understanding' of the CELF-2-NL preschool took place in a separate room, which is also used for speech language therapy. The duration of the test was approximately 10 minutes per assessment.

For the two interviews to investigate the feasibility of LIT an appointment was made with the SLTs. The interviews lasted about 30 minutes. Interviews were audiotaped. The other SLTs received the questionnaire with the same questions as the interview written by e-mail.

The parents received an e-mail from the SLT of their child with a link to an online questionnaire. Questionnaires filled in during a three-week period were used for analysis. For this questionnaire Thesistools (18) was used.

The SLTs were asked to fill in a therapy record form after every therapy session during the care as usual period.

Data collection

Raw scores of the subtests 'sentence repetition' and 'sentence understanding' were calculated according to the manual (16). For the subtest sentence repetition the children received one point per correct answer. The maximum score for subtest sentence understanding was 11 points. In the subtest sentence repetition the child received three points for a correct repetition of the sentence, two points when it made one error, one point

when it made two or three errors and no points when four errors or more were made. The maximum score for the subtest sentence repetition was 18.

The two interviews with the SLTs were recorded and written out literally.

The care as usual was analysed quantitatively for therapy goals, materials used, setting and homework.

Data analysis

The outcomes of the CELF-2-NL preschool were statistically analysed using IBM SPSS 23 statistical software using the Wilcoxon signed rank test (19). This non parametric test was used because the data were not normally distributed. T_0 and T_1 were compared to analyse the care as usual and T_1 and T_2 were compared to analyse LIT. A significance level of .05 was used. The child must have participated in all the measurements to be included in the analysis.

After the collection of the two interviews and the other three surveys the answers were compared and similarities and differences on themes were defined. LIT was considered feasible if all SLTs executed all therapy sessions with LIT according to the protocols.

The outcome of the online questionnaire of the parents was analysed using Excel. Number of activities and feasibility of the activities was analysed. The answers of the parents were analysed quantitatively to describe the number of times homework assignments were performed and feasibility.

Care as usual was analysed using SPSS. The goals, materials, homework assignments and setting were categorized to structure the data. Every goal and material used was numbered. After the categorization data was analysed with descriptive statistics in SPSS searching for the modus, median and range.

RESULTS

Participant characteristics

In this study 14 bilingual boys between 4;4 and 5;11 years of age, with an average age of 5;1 were included. The baseline characteristics of the children are presented in table 1. One child had missing values and was therefore excluded. Therefore the data of 13 children were analysed.

Difference in sentence repetition and sentence understanding

An overview of the characteristics per measurement can be found in table 2.

Only during the period of LIT in the subtest 'sentence repetition' a significant positive difference ($z = -2.355$ $p = .019$) was found. A large effect size was found for this difference (-0.46). No significant difference in the subtest 'sentence repetition' ($z = -1.127$ $p = 0.260$) was found for care as usual.

For the subtest 'sentence understanding' no significant difference was found for care as usual ($z = -1.710$ $p = .087$) or LIT ($z = -1.706$ $p = .088$).

Experience SLTs with Language in Interactive Therapy

All the SLTs ($N = 5$) mentioned the preparation time was too high; some mentioned the time needed to fully read and memorize the script, while others mentioned the preparation of the materials. Also two SLTs found it hard to use the sentence structure to make other sentences and used only the example sentences, while other SLTs did work with the structure and added sentences according to the goal structure.

All SLTs agreed that working with a clear therapy goal is effective during the therapy session.

Four SLTs found it difficult that the themes of the therapy sessions were different from the themes at the school. One SLT did not mention this as a problem.

Not for all children the sentence structures were set correctly; for some children the level of the sentence structure was too difficult. Two SLTs mentioned that a spontaneous language analysis could be used to determine the right sentence structure.

In addition, there were differences in the experience of the SLTs: one SLT found that the scripts did not provide enough space for their own contribution, while two other SLTs did find space.

Experience parents with homework assignments

Of the fourteen parents, only four filled in the online questionnaire. All parents that filled in the questionnaire did the homework assignments more than two times in the six-week period. The parents reported that the activities were clear and easy to do at home. Of the four parents, two stated that they have heard better sentences during the intervention period,

one parent stated that he/she did not hear better sentences, and one parent did not answer this question.

Care as usual

On average, 12 therapy sessions were planned in a six-week period. Of these 12 therapy sessions, on average, only seven were actually executed (range 4 – 11). Most children were ill a few times, there were seminars and some children were tested in this period.

On average, the length of the therapy sessions was 20,89 minutes; the shortest lasted 10 minutes and the longest 30 minutes. Most therapy sessions took 20 minutes.

There were differences between the SLTs in giving homework exercises to the parents. Overall, most SLTs (52,2%) did not give homework.

Most therapy sessions were individual (82%), and some were in couples (18%).

The goal for most therapy sessions was to improve morphosyntax (58.9%). In the analysis this also includes therapy sessions with a combination of goals, including morphosyntax (for example combinations with vocabulary or pragmatics). All other types of therapy goals not including morphosyntax were used less than 10%.

Most therapy material used to improve the morphosyntax was two dimensional (63%) and thereby more metalinguistic visualizing the sentence structure (26,6%). Some SLTs used toys or other concrete materials in the therapy, also in combination with 2d material.

DISCUSSION

Key findings

This study investigated the feasibility of Language in Interactive Therapy (LIT) in young children.

LIT seems to have a positive effect on sentence repetition. Only in the subtest 'sentence repetition' a significant difference was found during the LIT period, while there were no significant differences in the care as usual period or in the 'sentence understanding' in care as usual or LIT.

Comparison with findings from previous research

Smith-Lock et al. (2013) also investigated an intervention to improve the expressive grammar in children with specific language impairment (SLI) (4). In this research the children received one therapy session of an hour per week for eight weeks in small groups. In this study a positive significant development was measured during the period where children received a school-based intervention therapy, compared to no therapy. There were differences in the setting and length of the therapy between the study of Smith-Lock et al. and this study. In this current study LIT was given for six weeks in a therapy session of 30 minutes instead of one hour. Thereby LIT is compared to care as usual instead of no therapy, this could affect the outcome of the research.

Broomfield and Dodd investigated if language therapy is effective in comparison to no therapy (20). They found that language therapy was more effective than no therapy. The difference with this study is that they compared therapy to no therapy. In the current study two therapies are used to compare (care as usual and language in interactive therapy).

Washington et al. (2011) investigated two types of treatment with a computer and compared these to no treatment (21). The outcome of this research was that treatment is more effective than no treatment. No significant difference was found between the two treatment methods. The children in this research were younger than the children in this current study. Thereby the two treatment methods were both intervention therapies in contrast to the current study where LIT is compared to care as usual.

Strengths and limitations

A strength of this study is that LIT is tested in the daily practice of the SLTs. These experiences can be used in further research to adapt LIT and the protocols according to the experiences of the SLTs. Secondly, protocols were used to structure the therapy and to make the therapy sessions between the SLTs more comparable. Also, all the protocols for LIT were developed with much attention for the language development level of the children. However, the SLTs did indicate that the sentence structures were not always sufficiently

adapted to the abilities of the child. The SLTs therefore recommended that it is maybe more reliable to use a short spontaneous language sample to set the targets.

A limitation of this study is that all children were bilingual and good test results of the language development in the mother tongue of the children were not always available. This makes it difficult to say something about the language development in their mother tongue. For further research it would be important to investigate LIT on monolingual children as well, to make the outcomes more generalizable. Another limitation is that, of the fourteen parents, only four filled in the online questionnaire. It is possible that only the parents who did the assignments answered the questionnaire so this result might not be very reliable. Also the language level in Dutch of the parents can be of influence of the response rate, maybe only parents with a higher level of Dutch filled in the questionnaire.

During the period of LIT the children received less speech language therapy than during the care as usual period, because there were more holidays and SLTs were testing the children in this period. This makes it harder to compare the care as usual to LIT.

In care as usual most therapy sessions had a combination of goals, which also includes morphosyntax. LIT focuses only on morphosyntax, this could explain the significant difference during the LIT period. It is possible that one specific goal in combination with an goal set prior to the therapy session makes the therapy more effective (6).

Clinical implications and recommendations for further research

For further research it is important to test the protocols on a larger group of children for a longer period of time. Thereby it would be important to also include monolingual children, to make the outcome more generalizable.

The SLTs found the preparation time needed to prepare the therapy following the protocols was too high, and therefore for further research it could be helpful to investigate ways to minimize the preparation time for the SLTs for example with ready to use materials.

Furthermore, it would be important to investigate the effect in spontaneous language; in this study only the development of sentence repetition was measured.

For the daily practice it could be recommended, based on the outcomes of this research, to work only on the morphosyntax during a cycle of therapies. Thereby LIT is a possible effective method to improve the morphosyntactic abilities of children.

CONCLUSION

Language in Interactive Therapy (LIT) seems to be possibly effective for the sentence repetition of the children. This means that LIT was more effective than the care as usual in improving the expressive grammar.

However, the SLTs found that they needed too much preparation time for the therapy sessions with the protocols.

The parents that filled in the online questionnaire all used the assignments, and they found the activities feasible.

The care as usual of the speech language therapy in the special education is mostly planned two times a week with an average duration of twenty minutes. Of these 12, on average, seven were actually executed. Most used therapy goal was morphosyntax, most materials used were 2d and more metalinguistic visualizing the sentence structure.

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TABLES

Table 1: baseline characteristics of the children.

Participant number	Gender	Age	Home language	ZQ	TBQ	IQ
1	Male	4;8	Mandarin	<55	67	118
2	Male	5;6	Turkish	65	65	83
3	Male	5;6	Swahili	55	55	88
4	Male	5;6	Arabic	72	71	103
5	Male	5;3	Mother: Amharic Father: Dutch	69	66	
6	Male	5;11	Indonesian	69	58	86
7	Male	5;3	Arabic	70	73	92
8	Male	4;9	North Berber	67	86	99
9	Male	4;4	Arabic	64	55	94
10	Male	5;3	Tibetan	68	68	105
11	Male	4;9	Mostly Dutch	64	64	93
12	Male	5;3	Turkish	64	66	81
13	Male	5;2	Twi	71	70	97
14	Male	4;5	Maroccan	66	55	92

ZQ: sentence development quotient (may 2015)

TBQ: quotient for language understanding (may 2015)

IQ: intelligence quotient.

Participant one was untestable at the testmoment so the ZQ is set on lower than 55 because this is the lowest score

Table 2: characteristics measurements CELF-2-NL preschool

	T ₀		T ₁		T ₂	
	SU	SR	SU	SR	SU	SR
Mean	4.85	3.23	6.08	2.92	6.85	4.15
SD	1.676	0.725	1.891	1.441	1.214	1.405
Range	2-7	2-5	2-8	1-5	4-8	3-8
Mode	5	3	6	4	8	3
Median	5	3	6	3	7	4
Significance level			T ₀ – T ₁ .087	T ₀ – T ₁ .260	T ₁ – T ₂ .088	T ₁ – T ₂ .031*

For the analysis only the raw scores, e.g. number of correct items, were used. The maximum score for sentence understanding is 11 and for sentence repetition 18.

A significance level of .05 was used.

SU: subtest sentence understanding

SR: subtest sentence repetition

SD: standard deviation

APPENDIX 1 example of a protocol

Sessie 5 | Verkeer

OndWB – hulpwerkwoord + infinitief

Voorbereiding

Eerste activiteit

Zorg dat het autokleed klaarligt en de bus, auto's en poppetjes / dieren aanwezig zijn.

Tweede activiteit

Zorg dat er een prentenboek over dieren aanwezig is.

Materiaal

Eerste activiteit

- ❖ Autokleed
- ❖ Bus
- ❖ Auto's
- ❖ Playmobil poppetjes
- ❖ Dieren figuren

Tweede activiteit

- ❖ Prentenboek over dieren

Eerste activiteit

Doelzinnen

1. Die moet hier staan
2. Die wil eruit
3. Deze gaat nu uitstappen
4. De jongen / leeuw etc moet naar school
5. De bus moet nu stoppen

Variatie/moeilijker maken

Als het kind de uiting goed overneemt, kunnen die/dit/deze veranderd worden in de jongen/het meisje/het poppetje/de bus etc.

Plaatsbepalingen, zoals *hier/daar/daarheen/hierheen* kunnen specifiek gemaakt worden door dit te veranderen in *naar school/ in de bus/naar de winkel* etc.

Recasten

Als het kind de verkeerde vervoeging maakt, geef dan de zin terug met de juiste vervoeging.

Als het kind een zinsdeel weglaat (*Die hier*), geef dan de zin terug met het ontbrekende zinsdeel (*Die moet hier*).

Expanderen

Deze gaat *ook* hier

Het meisje mag *daar* in de bus

De jongen moet *straks* naar school

Activiteit

Samen met het kind ga je met de bus over het autokleed rijden. Overal staan poppetjes en/of dieren die met de bus meewillen en ook weer ergens willen uitstappen. Ze moeten bijvoorbeeld naar school of naar de winkel.

Activiteit introduceren

Vandaag zijn we buschauffeurs. We gaan met de bus rijden en er willen allemaal mensen / dieren met de bus mee. Ze willen instappen en ook weer uitstappen. Ze moeten naar school, naar school of naar de winkel.

Script

- ❖ Pak samen met het kind de benodigdheden en zet ze op de juiste plek op het kleed. Model de doelstructuur door deze in het begin veel aan te bieden, bijvoorbeeld: *Die moet hier, Het poppetje wil daar staan.*
- ❖ Wanneer het kind niet uit zichzelf imiteert, nodig het kind dan uit tot productie door bijvoorbeeld te vragen: *Waar moet dit poppetje staan?* Stimuleer het kind hierbij door eventueel gebruik te maken van een aanvulzin: *Die ... (moet hier staan).*
- ❖ Als alle poppetjes op hun plek staan, gaan jullie met de bus rijden. Laat het kind de buschauffeur zijn en model de doelstructuur door te zeggen: *Die moet hier, Het poppetje wil naar het bos, De jongen moet naar school.*
- ❖ Volg het kind in zijn of haar spel. Door als logopedist ook met een auto te rijden, kun je communicatie uitlokken door bijvoorbeeld voor de bus te gaan rijden en te stoppen, zodat de bus ook moet stoppen.
- ❖ Wanneer het kind een doelzin meerdere malen goed heeft uitgesproken, expandeer deze dan. Bijvoorbeeld: *Deze gaat ook hier.*
- ❖ Introduceer de tweede activiteit.

Tweede activiteit*Doelzinnen*

1. De bus moet hier stoppen.
2. Tim gaat hier zitten.
3. De vader gaat nu rennen.

Activiteit

Bekijk samen met het kind het prentenboek en benoem dingen die je ziet in het boek door gebruik te maken van de doelstructuur. Zorg ervoor dat de doelstructuur wordt aangeboden, uitgelokt en ook door het kind wordt geproduceerd.

Activiteit introduceren

Ik heb hier een prentenboek. We gaan het boek samen lezen en eens kijken wat er allemaal op de plaatjes is te zien.

Huiswerk (onderdeel van het protocol)**Beste ouder,**

Hierbij een huiswerkopdracht voor deze week. Deze opdracht kunt u een of meerdere keren thuis met uw kind doen. Het doel van de opdracht is dat uw kind betere zinnen gaat maken. U kunt de zinnen gebruiken die hieronder staan met de goede woorden (bijvoorbeeld 'groente' in plaats van 'rijst'). Zeg de zinnen vaak. U mag dit ook in een andere taal doen dan het Nederlands.

Activiteit	Doelzin	Verkeerde zin?
Tafel dekken en eten	Laat het kind helpen met tafel dekken. Hierbij kan bijvoorbeeld de volgende doelzin worden aan geboden: <i>Het bord moet hier staan of Nu ga ik eten.</i>	Zegt het kind een zin verkeerd (bijvoorbeeld <i>Het bord hier</i>), geef dan de zin goed terug (<i>Het bord <u>moet</u> hier <u>staan</u></i>).