Comparing Focused Stimulation and Conversational Recasts in Children with Expressive Language Delay

Courtney Henson, B.S. & Abbie Olszewki, Ph.D., CCC-SLP

University of Nevada, Reno

Introduction

Children with an expressive language delay often seek speech-language therapy to aid in increasing their overall language skills. Speech-language pathologists typically use language-based therapy approaches to improve language skills. **Focused stimulation** is a language-based therapy approach that provides focused exposure on certain linguistic targets to the child in a naturalistic context, and often involves parent training (Weissmer & Roberton, 2006). Another language-based therapy approach is **conversational recast**, which adds additional information (semantic, grammatical, or phonological) to a child’s production by correcting the child’s error (Camarda & Nelson, 2006). It is unclear which therapy approach is superior in improving expressive language for children who are diagnosed with expressive language delay.

Case Scenario

Client Background
- Lola is a 3 year 11 month old female who has a mean length utterance of 2.3 and will begin therapy with me at the clinic 2 times a week for 1 hour sessions.
- Lola’s primary language is English. Her mother’s primary language is also English, who recently gave up parental rights. She now lives with her father who primarily speaks Spanish, with minimal skills in English.
- Her father is concerned about her English expressive language skills.

Clinician Background
- I am currently a speech-language pathology graduate student clinician at the University of Nevada, Reno.
- I do not have experience with implementing either focused stimulation or conversational recast, but have taken a course on language-based intervention and anticipate working with similar clients in the future.
- I am debating on using focused stimulation or conversational recast is more appropriate for my client based on the amount of parent involvement.

Purpose

Using PICO (Purpose, Intervention, Comparison, Outcome) framework (Gillam & Gillam, 2008), the following question was developed: **In toddlers with delayed expressive language (P), does focused stimulation lead to improved expressive language skills (O) than with conversational recast (C)?**

Method

Search terms: conversational recast, focused stimulation therapy, children with language disorders, preschool children, and language based therapy

Inter-rater reliability: Studies were analyzed using a CATE form (11 point scale). Inter-rater reliability of at least 85% was achieved.

Databases: PubMed, ASHAWire, Google Scholar

CATF form: Strong (8+ points), Emerging (4 to 7 points), Weak (0 to 3 points)

CASFM form: Strong (8+ points), Emerging (4 to 7 points), Weak (0 to 3 points)

Discussion

External evidence: Research indicates improvements in expressive language skills in both focused stimulation and conversational recast therapy.

Internal evidence to clinical practice: I would feel comfortable implementing conversational recast therapy based on the situation with my client and her family. My supervisor believes that using conversational recast would be beneficial.

Internal evidence to my client: My client’s parents exhibit minimal skills in English, so conversational recast delivered by the clinician would be best in increasing expressive language skills in my client’s primary language.

EBBP Decision: After combining evidence, I chose to implement conversational recast intervention in order to increase the expressive language skills of my client. My client is interested in trying conversational recast because of her parents minimal skills in English. Lola will attend therapy twice a week in the clinic setting. After a 3 month treatment period, a reassessment will be completed.

References


