THE KEY TO
DIAGNOSIS AND
THERAPY FOR
LANGUAGEDISORDERED
CHILDREN

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# NORMAL LANGUAGE DEVELOPMENT

The Key to Diagnosis and Therapy for Language-Disordered Children

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## foreword

Not very many years ago the speech pathologist could expect to encounter in his training only a limited amount of information about the normal development of speech and language. In basic textbooks on speech disorders, the subject of how speech develops in the normal child might have been found in a single chapter, the bulk of which was devoted to a review of the "stages" of development from the birth cry to the first word. Little was said about language development after the turning point of "true speech" beyond estimates of the spoken vocabulary at selected age points, and less about evolving comprehension. Text materials in child development were similarly limited in their accounts of speech and language. Recognizing that clinical judgments about a child's status in language acquisition inevitably require a comparison of that child's skills with what is presumed to be normal, speech pathologists were ready consumers of research data as it began to become more available.

The scientific study of child language, using the analytic tools of the field linguist and the experimental psychologist, has come into its own only in the last 15 years or so. The impact on the study of child development, special education, and speech pathology has been profound and far-reaching. One of these specialties has so altered its training, skills, responsibilities, and image that it has retitled itself speech and language pathology. From hundreds of studies of normal children, data on the development of language comprehension and production have accumulated, serving as guidelines of normal development. These studies have dealt with phonology, syntax, and semantics; most recently promising efforts have appeared in the study of the development of children's use of language in communication, e.g., in dialogue and in varying contextual settings. The area of child language that has been studied most intensively in this period is syntax, particularly in syntactic (or, more recently, syntactic/semantic) analyses of children's spontaneous production of spoken language. The speech and language pathologist is expected to have an operational knowledge of this material in order to function effectively in the clinical assessment of the child's language abilities. Similarly, the normative data have set the stage for the creation of tests to sample and evaluate these abilities in clinical diagnosis.

Moreover, the study of child language has affected clinical intervention strategies in various ways. Depending on which theory of how children acquire their language is most persuasive to the clinician, he may adopt procedures making heavy use of imitation, shaping, and reinforcement, or of stimulation and modeling; he may utilize an "additive" approach, building up sentence structures by adding words one at a time, or a "developmental sequence" approach, presenting sentence structures in the forms and stages as they appear in normal child development. If the clinician is of the opinion that the child learns syntactic constructions in his effort to encode meanings and intentions that he has developed independently of and prior to mastery of the relevant linguistic skills, he will wait for evidence from the child's non-linguistic behavior that he has achieved a given stage of conceptual maturity before attempting to teach him the given syntactic structure; if, on the other hand, the clinician believes that the child's cognitive growth is affected by his language skills, he will in some instances attempt to teach a given linguistic construction in order to enhance the child's development of meanings and intentions. These and other unresolved questions continue to be debated.

Another effect of the study of child language has been on the evolution of a theory of child language disorder. The development of refined skills for the detailed description of language behavior in normal children has made it possible to do the same for children whose language behavior is deviant. We know enough now to ask a question like "What is a language disorder, anyway?" Are language-deviant children more delayed than different, or do they manifest language behaviors that are not found in language-normal children at any age? Is it possible to find each of the components of phonology, syntax, and semantics selectively impaired? Is there a set of language behaviors that is characteristic of the language-disordered child? Is it possible for a given child to have linguistic deficits in the absence of cognitive deficits?

The authors of this volume have not undertaken to answer all of the questions raised above, but their findings and interpretations have implications for almost all of them. Their study is intended to be limited to the development of syntactic forms, but inevitably there are implications for issues in phonology and semantics as well. Having found the available data, as rich as it is, inadequate to their needs as practicing speech and language clinicians, they set about to collect their own data on a group

of normal children. Their efforts may be characterized as an in-depth study of the stage-by-stage development of syntactic forms in children with normal language development, contrasted with (a) similar data on the stage-by-stage development of a language-disordered child, and (b) observational data on a typical clinical language-disordered population. The result is a wealth of information about normal development against which the clinician may evaluate the productions of any child with a suspected language disorder, as well as detailed examples of the production of actual language-disordered children for further comparison.

The authors state that their experience in collecting and analyzing their samples has significantly affected their approaches to language assessment, as indeed the sections on clinical implications show. The effect on therapy strategies is not inconsiderable. Their conclusions about the different-rather-than-merely-delayed nature of the linguistic deficit make important reading.

This volume signals the involvement of the speech and language pathologist in the serious study of child language, both normal and disordered.

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## preface

We, the authors of this handbook, had worked 3 and 5 years respectively with language-impaired children in clinical settings before embarking on this long-term study of normal language development. The constant involvement with language impairment tended to obscure our understanding of normal language development. Many perplexing questions arose regarding the nature of normal language and the ongoing process of language acquisition. In order to clarify our own understanding of normal language development, we undertook this longitudinal observation of language as it developed in normal children from 18 to 36 months.

This voluminous task was very enlightening and we began to see many applications of our observations to our clinical work of diagnosis and remediation of language-impaired children. As we shared our findings with our various colleagues, they also found them to be exciting and clinically applicable. They encouraged us to compile our findings in the form of a handbook.

This handbook is intended for practicing clinicians and students involved with language development and disorders. It is hoped that this detailed description of the ongoing process of language development will contribute to a more accurate concept of normal language development and inspire improved and more efficient diagnostic and therapeutic approaches.

We express our gratitude to the following persons whose contributions made this project possible: the administration of The Children's Hospital of Denver, Colorado, for their encouragement and support; the Audiology and Speech Pathology Department of The Children's Hospital for providing tapes and allowing the flexibility in scheduling for collection of the data; Carolyn Hall, Mur Hiltenbrand, Anna Jones, Sue McGoldrick, speech and language clinicians, and Judee Tartaglia, clinical supervisor in the Audiology and Speech Pathology Department, who helped with the collection and analysis of data; Carol H. Ehrlich, director, and Judee Tartaglia, clinical supervisor, of the Audiology and

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C. R. T. J. K. P.

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#### CHAPTER ONE

## introduction

We have been working for several years in speech and hearing clinics where a main concern has been evaluation and treatment of children with language disorders. In these settings the diagnosis of pre-school children is a primary task. It is quite easy to identify a non-verbal 2- or 3-year-old with a language disorder. It is a different problem to evaluate young children who are talking but who have difficulties expressing their ideas appropriately. Our task is to determine whether their expressive skills are simply delayed or deviant. A child may have normal conceptual development but lack the expressive language skills with which to communicate his ideas.

Our particular dilemma is directly related to the recent changes in psycholinguistic research. Originally McNeill proposed that knowledge of grammar was largely innate and that semantic categories were subsequently learned (1). More recently Schlesinger has proposed that cognition is central to the use and acquisition of language. Thus the syntax develops after the child knows what he wants to say (2). Cazden has defined macrodevelopment as the semantic intention of a communication, and microdevelopment as the ability to syntactically and morphologically code the intention. Cazden believes that "synchronization of the two aspects can vary" (3).

In our clinical setting, we must determine when the syntactical development is not appropriate to the child's semantic and cognitive development. It became apparent to us that, in working exclusively with language-impaired children, it was too easy to lose perspective of the normal progression of language development. We looked to the current literature on language development and found most of it to be theoretical, limited in scope, or based on cross-sectional research designs (4–9). This did not give us a practical, all-encompassing understanding of the ongoing process of language development, which is

necessary if a clinician is to make prudent decisions regarding diagnosis, case selection, and the planning of therapeutic programs. We then looked to our speech pathologist colleagues whose own children have acquired language, and they seemed to share our questions and concerns.

Therefore, we became interested in doing a longitudinal descriptive study of normal children's expressive language development between the ages of 1½ and 3 years, a period during which a normal child masters most grammatical forms (10). It was necessary to look in minute detail at a few "normal" children in much the same ways as Braine did with Gregory, Andrew, and Steven; Bellugi and Brown did with Adam and Eve; Weir did with Anthony; and Bloom did with Kathryn, Gia, and Eric (11–14).

These are some of the questions which had been perplexing us: What are the steps of language growth a child demonstrates over the critical months of emerging language? Do children differ markedly in their stages and sequence of growth? What are the critical stages of language acquisition beyond the gross milestones of single words at 12 months, two-word phrases at 18 months, and sentences at 24 months? Is there an order in the mastery of syntactical and morphological forms which could aid in planning a therapy program? By what means do children learn grammar? Do these methods have implications for therapy? How do the language acquisition patterns of our clinical population compare to the patterns of normal children? What signs can we use to differentiate between deviant and delayed language learning patterns?

Our purpose in doing the study has been realized. We have grown in our understanding of the ongoing process of language development, and as a result of this study, we have made many substantial changes in our methods of diagnosis and treatment of language-impaired children. Seven of eight children in the study dramatized the vast discrepancy between their language development and that of the children in our clinical population. In addition, as the study progressed, one child's pattern of language development deviated markedly from that of the others, which further served to differentiate and define language disorders. This has aided us in earlier identification of language-impaired children, and has made it possible to plan more effective therapy programs tailored to the specific problems and manner of language learning of each language-impaired child.

A totally unexpected result of the study was its enormous impact upon our diagnosis and treatment of school-aged children. It is easy to overlook expressive language problems in these children if the listener reacts to the content of their conversation, rather than to the formulation of the language with which they express their ideas. We have found that many school-aged children in our clinical population who are experiencing academic problems have disturbances in the process of language expression similar to those of pre-school children.

Originally our goal was better personal understanding, but we feel that this study has practical implications for all professionals working in the area of language development. We hope our findings will be useful to other clinicians and will also provide impetus for further detailed investigation of the very complex process of language development.

This handbook will include a description of the study and its general results, a discussion of specific syntactical and morphological development in each child's language, the deviant pattern shown by the language-impaired child, and diagnostic and therapeutic implications of the study. Our purpose has not been to present a sophisticated linguistic and statistical analysis. Roger Brown in his book, A First Language, The Early Stages, gives an extensive review of developmental psycholinguistic research and presents five stages of linguistic development (15). We have not discussed previous research in detail, but our work would most closely align with Brown's five stages of linguistic development.

It is hoped that the practicing language clinician will glean information from the data on normative and deviant language development which will be valuable in planning appropriate therapy programs. The raw data and observations from the study are given in detail so that the clinician acquires a feeling of the ongoing process of language development. The clinician is thus not limited to our conclusions concerning the data, but the material is available so that other diagnostic and therapeutic conclusions can be reached.

## CHAPTER TWO methodology

Our study followed eight apparently normally developing children through the critical language learning period of 1½ to 3 years. Subjects were chosen who were free from prenatal, birth, or neonatal difficulties and known developmental delays. Standard English was the only language spoken in their homes. The longitudinal nature of the study required commitment on the part of the subjects' parents, and many difficulties were encountered in maintaining a group of eight subjects over the necessary period of time. One child who began the study eventually moved out of town, and another never began to talk and was placed in a therapy program. A brief description of the eight study children and their families follows:

Warren: Father: laborer and part-time college student

Mother: finished one college quarter Male sibling:  $2^{1/2}$  years younger

Matthew: No father in the home

Mother: unemployed, low income, no education beyond

elementary school

Female sibling: 1 year older, enrolled in language ther-

apy

Brook: Father: high school teacher

Mother: speech pathologist in private practice

Male siblings: 2 and 7 years older

Timmy: (the language-impaired child)

Adoptive father: geologist

Adoptive mother: unemployed high school math teacher

Male sibling: 3 years younger

Michael: Father: camp manager, theological student until 4

months prior to completion of the study

Mother: 1 year college

Female sibling: 11/2 years younger

Kristin: Father: audiologist

Mother: unemployed speech pathologist

Female sibling: 14 months older

David: Father: bank loan officer

Mother: unemployed elementary teacher

Female siblings: 7 and 2 years older, the latter enrolled

in language therapy

Male sibling: 8 years older

Anne: Father: manager of bank's data processing operations

Mother: part-time speech pathologist Male sibling: 20 months younger

Language samples were obtained from these children at 3-week intervals beginning at age 15 to 18 months, when the children began to use two-word combinations. Samples were tape recorded at the child's home in the presence of his mother and two certified speech pathologists. One clinician attempted a concurrent written transcription and the other engaged the child in spontaneous conversation. Transcriptions were limited to the child's utterances and did not include statements made by the clinicians. Standard materials were used during each session to stimulate conversation, and the child selected from this assortment of family figures, toy furniture, and Golden Press Shape Books. An effort was made to stimulate the child with open-ended questions, aiming the language level slightly above that of the child. Later the two speech pathologists transcribed the tapes, discarding any utterances about which agreement could not be reached due to poor intelligibility. The number of utterances discarded for this reason was minimal, averaging less than one utterance per sample until the age of 2 years, when their speech was essentially intelligible.

Each sample was evaluated by means of nine different measures. First, these data were evaluated according to Laura Lee's "Developmental Sentence Types" (16, 17). Lee advised that a corpus of 100 utterances is necessary for reliable analysis of pre-sentence structures, using Developmental Sentence Types, 1971 revision, Table 1. Length of utterance was charted as either single words, two-word phrases, constructions (utterances of more than two words not including a noun and a verb in subject-predicate relationship), or sentences (utterances which contain a noun and a verb in subject-predicate relationship). Phonemic analysis was not attempted.

In addition to the above analysis, observations were made of behaviors such as jargon, echoing, verbal play, and gestural communication. Jargon is defined as an unintelligible utterance made up of syllables rather than words which has conversational inflection. Echoing is defined as the repetition of a part or all of the verbalization of the previous speaker. Verbal play is defined as a child's experimentation with a word or word combinations without intervention from another person, i.e., numerous repetitions of a word or phrase, or successive utterances

#### TABLE 1

#### Development Sentence Types

Pre-sentence utterances were scored according to the categories developed by Laura 1 66

#### Single Words

Noun

car, Daddy, kitty-cat truck, Mommy, Santa Claus cookie, girl, hot-dog

Phrase structure

Plural: books, cars, men

Transformations

Pronoun: me, something, nobody Question: book? car? truck (right?) Designator

here, there this, that it

Phrase structure Plural: those, these

Transformations Question: this? that? here? there?

#### Two-Word Combinations

#### Noun Elaboration

Noun phrase

Article: a car, the truck

Possessive: Daddy car, Billy truck Quantifier: more car, other truck Adjective: big car, dirty truck Attributive: baby bear, police car

Phrase structure

Plural: the cars, more trucks Additive: car truck, Mommy Daddy Adverb: now car, truck too, car again

Subject-object: car garage, Mommy window

Transformations

Pronoun: this one, my truck, her cookie

Negative: not car, not truck Conjunction: and car, and truck Question: a car? another truck (OK?) Wh-question: what car? which one?

Designative Elaboration

Designator + noun here car, there truck this car, that truck it car, it truck Phrase structure

Plural: these cars, those truck

Adverb: this now, that again, it too (there,

now, here, again = fragments)

Transformations

Pronoun: here something, there one Negative: not this, not that (not here, not there = fragments)

Conjunction: and this, and that (and here,

and there = fragments)

Question: that truck? this car (right?) Wh-question: what this? who that?

#### Constructions

Noun phrase

my big car, some more truck, a red box Noun phrase + prepositional phrase the car in front, the spot on the floor Quantifier + prepositional phrase

all of them, some of the other cars Phrase structure

Plural: some other cars

Adverb: now the car, other truck too

Additive: the car the truck

Subject-object: the doggie window

Transformations

Pronoun: his other truck, all of mine Negative: not the car, not that one

Conjunction: and the car, car and truck Question: the other car? this one too (huh?) Wh-question: what big car? which other one? how about that one? how many cookies?

how much milk?

Designator + noun phrase

here another car, there a truck, this a red car, that my truck, it a big car, it my truck

Phrase structure

Plural: here some more cars Adverb: here some more cars Additive: there Mommy Daddy

Transformations

Pronoun: that somebody car, here his car Negative: that not car, this not a truck Conjunction: here a car and truck Question: that a car? this a car (right?) Wh-question: who that boy? what that one?

#### Single Words

#### Adjective

big, pretty, broken, fixed one, two, more up, down, on, off, in

Phrase structure Transformations Pronoun: *mine*, *his* Question: *red? big* (*huh?*)

#### Verb

sleep, eat, walk, fall
(look, lookit = imperative
 sentence)

Phrase structure
Tense markers: going, fell
Transformations
Negative: can't, won't (don't
= imperative sentence)
Question: see? sat (OK?)

Vocabulary Item

yes, no, OK, sh, hey, hi bye-bye, night-night, oh bow-wow, bang-bang, moo

Phrase structure
Adverb: again, now, too
Transformations
Conjunction: because
Question: huh? right? OK?
Wh-question: what? Who?
where? when? how? why?

#### Two-Word Combinations

Predicative Flaboration

Noun + descriptive item: car broken, truck dirty light off, coat on car there, truck here Phrase structure Plural: cars here, hats on

Transformations

Pronoun: that pretty, it big, something here, another on

Question: car broken? it gone (right?)

Wh-question: where car? what here? who there?

#### Verbal Elaboration

Verb + noun: see car, open

verb + particle: fall down (Noun + verb = sentence: baby sleep, that go, it all)

Phrase structure
Tense markers: saw car
Plural: eat cookies, see cars

Adverb: eat now, fall too Transformations

Pronoun: see it, find one Negative: not fall, can't go Conjunction: and sleeping Question: see it? go home

(OK?)
Wh-question: where go?
What take? what find?
(who go? what come? = sentence)

Infinitive: wanna go, gonna

Fragments

right here, over there

all gone, all clean
Phrase structure
Prepositional phrase: for
me, in car
Plural: on chairs
Adverb: too big, up now,

Adverb: too big, up now, there now, here again Transformations

Pronoun: to you, in it Negative: not big, not here Conjunction: and big, but dirty, and here

Question: in here? all gone (huh?)

#### Constructions

Noun phrase + descriptive item

the car broken, a truck dirty this light off, red coat on other car there, a truck here car in garage, hat on head Spot a good dog, you bad boy

Phrase structures

Adverb: light off now, car here too, truck too dirty

Transformations

Pronoun: he bad boy, it off

Negative: this not broken Conjunction: car and truck here

Question: it off now? car over there (huh?)

Wh-question: where that one? who in car? what color car? what in here? Verb + noun phrase see a car, want a cookie

Verb + particle + noun fall down floor, go in barn (Noun phrase + verb = sentence: the car go, a boy

eat)

Phrase structure
Tense markers: goes in barn
Adverb: see car now, go in

too

Transformation

Pronoun: want it now Negative: not fall down Conjunction: and find car Question: see that one? eat

more cookies (OK?)
Wh-question: where put
car? what take out? what
find there? what doing to

car? Infinitive: wanna see

gonna go home, gotta find it right over there over here now

Words in series: 1, 2, 3, 4, etc.

dog, cow, pig, etc. Phrase structure

Prepositional phrase: in the

car, for the boy
Plural: on the chairs
Adverb: in car too
Transformations

Pronoun: on my head
Negative: not in it
Conjunction: and for me
Question: in here too? in the

car (right?)