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Tamsin Arnall and **Lamiece Hassan** discuss the diagnosis and treatment of late talkers and ask whether a Canadian family-centred intervention can work for families in the UK

One of the most common types of language impairment found in the preschool population is slow expressive language development. Children with this type of impairment are often termed 'late talkers'.

The accepted definition of a late talker is having a vocabulary of fewer than 50 words or no word combinations at 24 months. Except for their delayed language, late talkers are normal in all other aspects of development.

The literature indicates mixed outcomes for this group of children; while some will spontaneously recover, longer-term follow-up studies have shown that many late talkers still retain some linguistic weaknesses in comparison to their normally developing peers (Paul, 1996; Rescorla, 2005).

Furthermore, a proportion of late talkers may go on to be diagnosed with specific language impairments. For these reasons, the early identification and treatment of children who are late talkers is important.

Interventions for late talkers

The evidence suggests early intervention with language delayed children is generally effective and children exposed to it can progress more rapidly than their typically developing peers, providing a means of 'catching up'.

Some have argued that, for late talkers in particular, early intervention might enable them to lay the foundations for later, more advanced language skills and function closer to the level of their peers (Paul *et al.*, 1997).

Specifically, authors have suggested intervention efforts might focus on vocabulary (in particular, noun) acquisition, word retrieval and language processing (Rescorla, 2005; Rescorla, Mirak and Singh, 2000).



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A family-centred approach

The *Target Word* programme works with the families of children who are late talkers, rather than directly with the children themselves.

Developed by the Hanen Centre in Canada, *Target Word* (like all Hanen programmes) uses a family-centred approach to supporting linguistic and communicative development. The basic premise is that parents can become their child's language facilitator if they learn how.

Parents attend a series of fortnightly group training sessions run by Hanen-trained SLTs over a period of 10-12 weeks. These train parents to improve their everyday interactions using specific communication strategies and focused stimulation techniques, and in doing so help their children to acquire 'target words'.

The target words for each child are based on their phonetic repertoire and reported

vocabulary development. Families also receive one-to-one sessions where they receive individual feedback on their styles of interaction.

The evidence for *Target Word*, while limited, is encouraging. The results of a Canadian randomised controlled trial on the programme (Girolametto, Pearce and Weitzman, 1996) found that post-intervention, the language of mothers who attended the programme was slower, less complex and more focused than that of their counterparts in the control group.

Their children also used more target words, combined words more frequently, and (according to parent reports) had increased vocabulary sizes.

Crossing the Atlantic

Despite its success in North America, until recently the *Target Word* programme had not

Table one: Children's MCDI scores pre- and post-programme (n=8)

MCDI score	Pre		Post	
	Mean	Range	Mean	Range
Overall vocabulary	90.7	3-189	229.9	29-358
Verbs	11.3	0-31	33.0	3-55

been used in the UK, or indeed Europe.

The major barrier to its extension appears to have been a lack of SLTs trained to deliver the programme, rather than a lack of interest.

In order to overcome this the North West Hanen Training Service arranged for the Hanen Centre to deliver the first training workshops for SLTs to be held in the UK in 2005.

In March 2006, Bebington and West Wirral PCT (BWWPCT) ran a *Target Word* programme for local families, the first in Europe.

The Bebington and West Wirral experience was largely a positive and enjoyable one for SLTs and families alike.

Eight families with children identified as late talkers attended the programme, which ran at the local child development centre.

Children were aged between 22 and 49 months (mean 32.6 months) and had no additional needs.

Programme evaluation

Given the novelty of this approach in the UK, the programme delivery team and trust management recognised the importance of rigorous evaluation, both to facilitate a process of critical reflection and to begin the development of an evidence base to underpin ongoing delivery of the programme.

The University of Chester's Social and Health Evaluation Unit undertook an independent evaluation of the BWWPCT *Target Word* programme.

The evaluation made use of a trident model (Ellis and Hogard, 2006) identifying three lines of inquiry for evaluators: outcomes, processes and multiple stakeholder perspectives.

In collaboration with the programme deliverers, the evaluation team devised a design that best captured the key features and outcomes of the programme.

We all finally agreed on a mixed-methods approach involving the collection of both qualitative and quantitative data (including interview data and child vocabulary scores).

The findings of the evaluation of the first

cohort of parents attending the programme showed there were statistically significant improvements in both parents' and children's communication skills.

Parents developed more effective communication styles and more frequently made use of the facilitative strategies taught by the programme.

Meanwhile, pre- and post-programme MacArthur Communicative Development Inventory (MCDI) scores showed increases in children's overall vocabulary scores (see table one).

The evaluation also included feedback from parents who attended the course and the SLTs that ran it. Both groups were highly positive about the programme.

Here is a sample of parent comments on the programme from final evaluation forms and interviews:

"Thank you for the opportunity to take part in this course. It has helped Matthew (not his real name) immensely and he is a happier little boy!"

"We're all happier at home and playing is so much more interactive."

"A very informative and well presented course, which has helped immensely in communicating more effectively with my child."

Opportunities and challenges

We considered the first run of the programme to be very successful, while also bringing a number of issues to our attention.

The first concerns the way late talkers are identified, referred and processed through the system.

The prevalence of the 'watch and wait' attitude is concerning; if the programme is to continue to run and to make a difference to families, programme deliverers need to work with their SLT colleagues and other relevant professional groups (eg health visitors) to make them aware of the programme and to develop more consistent approaches to treatment/more clearly defined pathways of care.

Secondly, many of the existing standard

materials and resources are Canadian in origin, exhibiting North American popular phraseology, activities and accents.

While not overly problematic, parents' comments during the course and in the evaluation indicated this sometimes acts as a barrier to interpreting and assimilating materials into their own interaction styles.

To make the programme more accessible to a UK population, Hanen might need to give consideration to how the standard range of materials could be tailored to a UK audience, rich in cultural and social diversity.

Finally, although the early evaluation findings were positive, they should be interpreted with caution.

Evaluation needs to be continued and developed with further cohorts of families in order to develop a more substantial evidence base for the approach in the UK, capable of distinguishing effects of natural maturation from those of the programme.

Opportunities surely exist to collaborate with the wider circle of departments running (or planning to run) *Target Word* across the region and nationally.

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