Language Sample Analysis: A SUGAR-y Treat

Roger Brown's seminal study of early language development, entitled *First Language* (1973), revolutionized the study of child language, spawning numerous language development studies, and forever changing the ways in which we describe typical and disordered language development. Although there have been numerous professional articles on different collection models and language sample analysis (LSA) methods, the basic methodology has changed little in the intervening four decades.

Language sampling has been referred to as "the cornerstone of any clinical assessment protocol" (Evans, 1996, p. 207) and is an essential component of a comprehensive assessment for a suspected language disorder. Language sampling assesses the natural linguistic behavior of children, and has been credited with greater ecological validity than formal testing (Lund & Duchan, 1993; Naremore, Densmore, & Harman, 2001; Nippold, 2014). Further, formal testing alone is insufficient for describing the language of these children. For that reason, SLPs, academics, and the American Speech-Language-Hearing Association (ASHA) recommend LSA as part of a thorough assessment of a child's language and communication abilities (ASHA, 2004; Rojas & Iglesias, 2009). Many states now require LSA as part of a comprehensive language assessment, and ASHA's *Preferred Practice Patterns for the Profession of Speech-Language Pathology* (2004) recommends the use of LSA, along with formal testing, for assessing the language of children.

Although most speech-language pathologists (SLPs) recognize the value of LSA, two national surveys, seventeen years apart, indicate that few SLPs actually collect and analyze samples as a standard component of language assessment (Kemp & Klee, 1997; Pavelko, Owens, Ireland, & Hahs-Vaughn, in press). For example, Pavelko and her colleagues reported that, of the 66.5% of school-based SLPs who indicated using LSA in the last year, more than half analyzed less than 10 samples in the preceding year despite having caseloads in excess of 40 students. The most frequently cited barrier to LSA use was that LSA is "too time consuming". Clearly, new methods that reduce the amount of time to collect and analyze samples are needed if more SLPs are to routinely include LSA in their clinical practice.

This presentation will introduce a two-fold approach to reducing the time to collect, transcribe, and analyze language samples. Using the results of language sample data collected from over 200 typically developing children ages 3-7, the authors will first describe a robust sampling method. Briefly, robust sampling engages children in conversation by asking open-ended questions, encouraging narrative retells, and avoiding yes/no questions and other questions that elicit minimal responses. Results indicate that 50-utterance samples can be collected in less than 10 minutes. Second, the authors will present normative data calculated from the 200 samples using new methods to transcribe and analyze the samples. These data show the new methods of transcription and analysis yield MLU values that are vigorous through age nine with only minor adjustments to Brown's methodology. Preliminary results indicate these values can potentially distinguish typical from disordered language development.

ASHA. (2004) *Preferred Practice Patterns for the Profession of Speech-Language Pathology.* Accessed at

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Kemp, K., & Klee, T. (1997). Clinical language sampling practices: Results of a survey of speech-language pathologists in the United States. *Child Language Teaching and Therapy*, *13*, 161–176.

Pavelko, S., Owens, R., Ireland, M., & Hahs-Vaughn, D. (in press). Use of Language Sample Analysis by School Based SLPs. *Language, Speech, and Hearing Services in Schools.*