

9th Congress of
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THE DEVELOPMENT OF DIFFERENTIATED RECOMMENDATIONS FOR ENSURING PRE-REFERRAL INTERVENTION

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AIM(S) AND METHODS

Aim: to develop differentiated recommendations for pre-referral intervention implementation for children with high and moderate risk of speech and language disorders

Methods:

1. The Early Childhood Development Screening Toolkit, BAASIK (Raščevska et al., 2024), was used to screen expressive and receptive language, speech sound disorders, and fluency in children from 12 months to 6 years.
2. Surveys included in the screening toolkit were completed by 545 parents for 545 children, 95 preschool education teachers for 438 children, and seven general practitioners and seven nurses for 128 children.

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INTRODUCTION

Speech/language screening

- Screening is a brief, initial assessment designed to identify individuals who may need further evaluation
- Can be conducted by parents, teachers, general practitioners
- Identify individuals at risk for communication disorders

5th percentile
= high risk

16th percentile
= moderate risk

Pre-referral intervention

Time

Speech/language assessment

- Assessment is a comprehensive evaluation conducted by a SLT
- Identify the specific type of disorder, making a diagnosis

Treatment

The gap between screening and a formal assessment is a crucial period during which speech and language - facilitating interventions (pre-referral or preventative interventions) could be implemented for the child



INTRODUCTION

The recommendations suggest that assessment combines multiple sources of information, including questionnaires completed by parents, teachers, and health care providers (Bishop et al., 2016; Paul, 2007).

Preventative interventions within the family and educational institutions enhance speech and language development.

The changes in the communicative behavior of teachers positively impact children's language productivity (Girolametto et al., 2003)

When parents adopt language-promoting strategies, children's active vocabulary improves (Kwok et al., 2020).



RESULTS

The general structure of recommendations

1. What are speech and language skills? Description of the developmental difficulties
2. Have any other developmental risks been identified?
3. The aim and objectives of recommended support
4. Recommended collaboration and consultations
5. Recommended types of support (depending on the environment: family, preschool education)
6. Follow-up speech and language assessment
7. Recommended support methods (depending on the environment: family, preschool education, health care)
8. Available interventions (links added)
9. Observing the child in the ongoing developmental process



RESULTS

Adjustment of recommendations according to the child environment provider (parents, teachers, general practitioner)

1. Specific terminology
2. Adjusted aims and objectives
3. Different types of support

Adjustment of recommendations according to the speech and language development risk level (5th or 16th percentile)

1. 5th percentile: ASAP referral to SLT
2. 16th percentile: waiting list

Adjustment of recommendations according to the specific type of communication disorder

1. Expressive language disorders
2. Receptive language disorders
3. Speech sound disorders
4. Fluency disorders

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RESULTS

example

High risk of expressive language development disorders (5th percentile)
Objectives of recommended support

Parents

- Speak with a child.
- Use "open-ended" questions (why?, how?, etc.).
- Name familiar objects, actions, and attributes.
- Use positive feedback.
- Encourage the use of word combinations and sentences.
- Promote the use of language in communication.
- Limit screen time.

Teachers

- Provide a language development stimulating environment.
- Expand the vocabulary by including various word categories.
- Work on the grammatical structure of words (number, gender, case)
- Promote word combinations and sentences at an age-appropriate difficulty level.
- Promote the use of language in the educational process and daily communication.
- Inform and educate parents.

General Practitioners

- SLT consultation to assess speech, language, and communication.
- ENT, neurologist, and psychiatrist consultation to exclude comorbidity.



CONCLUSION

1. For children whose language skills correspond to the 5th or 16th percentile, it is necessary to initiate early intervention before the diagnosis is determined
2. Pre-referral intervention should be implemented in different child-related environments (family, preschool education, and health care)
3. The recommendations should be specified according to the child's environment provider, percentile obtained in the screening, and type of possible speech and language disorder
4. The implementer of recommendations must understand the necessity of pre-referral intervention, receive specific and understandable tasks facilitating the child's speech and language development, and know how to collaborate with other involved specialists or caregivers.

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