

**10th Congress of
Baltic States SLTs'**

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10-11 April, 2026



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Language development characteristics and Therapy strategies for a primary school student with Williams Syndrome

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SHORT INTRODUCTION

Williams syndrome, also known as Williams–Beuren syndrome, is a rare genetic disorder that causes certain physical, medical, behavioral, and cognitive consequences. It is a complex neurodevelopmental disorder that results from the deletion of approximately 25 genes in one copy of chromosome 7q11.23 (Brawn & Porter, 2017; Paul, Norbury, & Gosse, 2017)

The prevalence of the syndrome is approximately 1 in 7,500 live births (Brawn & Porter, 2017)

Although language is generally a relative strength for children with Williams syndrome, there are clear strengths and weaknesses in this area. Specific lexical and phonological skills are relatively strong, grammatical abilities are in line with general intellectual abilities, while relative language and pragmatics are clearly the weakest areas (Mervis & Velleman, 2011)



SHORT INTRODUCTION



Figure 1. Three children with Williams syndrome, aged 3, 6, and 10 years (Mervis & Velleman, 2011).



SHORT INTRODUCTION

Participant of the empirical study: one primary school student with Williams syndrome (8 years old).

A speech and language therapy intervention (15 sessions) was conducted based on the defined objectives of the intervention, and the results of the study were determined based on a **repeated assessment of speech and language abilities.**



OBJECTIVE(S) AND METHODS

Aim: to investigate the language development characteristics and speech and language therapy intervention strategies for a primary school student with Williams syndrome.

Methods:

- Theoretical: analysis of scientific literature related to Williams syndrome and language development.
- Empirical: observation, analysis of documents (language and medical records), a parent interview, language assessment, and the implementation of speech and language therapy.



RESULTS

The results of the study indicate positive dynamics in the student's language development following speech and language therapy intervention.

Relative improvements were observed in:

- language comprehension;
- reading comprehension (understanding of how to read a text in order to comprehend it and subsequently answer questions appropriately);
- phonemic processes (ability to identify the first and last sound of a word);
- the amplitude and strength of articulatory movements;
- reduction in echolalia and an expansion of vocabulary.



CONCLUSIONS

1. Difficulties in language comprehension and grammatical understanding are a reason for challenges in understanding written text, figurative language, and in developing effective communication.
2. Individuals with Williams syndrome are often described as highly social and communicative; however, it is pragmatics that interferes with the development of effective communication.
3. Language comprehension and correct use of language in communication are the weaknesses of the language, while expressive language and vocabulary are the strengths of the language.
4. Speech and language therapy intervention incorporated language correction methods derived from various studies, including the seven reading comprehension strategies developed by the National Reading Panel.
5. The child's individual education plan should include social skills, and a speech therapist can implement strategies to help the student initiate social interaction and appropriately maintain conversations, as well as sustain friendships. This may also include breath control and slowing down speech if the person speaks quickly.



CONCLUSIONS

6. Older children benefit from learning strategies to cope with word-finding difficulties, such as using phonemic cues, encouraging the child to gesture toward themselves, or prompting the child to use visualization to refer to themselves.
7. Therapy may also include the correction of grammatical speech errors, as well as work on metalinguistic skills and making inferences.
8. Older children may benefit from using calendars or visual timers. The use of stories and role-play can help to act out anxiety-provoking situations.
9. Reading instruction for children with Williams syndrome should be based on a systematic phonics approach.
10. In the method “Explicit Oral Narrative Intervention for Students with Williams Syndrome”, during the development of pragmatic skills, the child learns narrative skills based on visual examples and verbal support.



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