

**Critical Review: Is parent based intervention equally as effective for improving language outcomes as clinic based therapy for preschool children with language impairment?**

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This critical review examines the existing evidence for implementing parent based intervention (PBI) as an alternative to traditional therapy for preschool children. Studies included English speaking children with expressive and/or receptive language impairment. Five randomized clinical trials and two nonrandomized clinical trials are reviewed. Overall, research suggests that PBI can be an effective alternative to clinic based therapy. However, there are certain populations that may not benefit from PBI. Clinical implications for decisions regarding implementing PBI are discussed.

***Introduction***

Early childhood language disorders place children at risk for negative effects that can last into adulthood and impair social, academic and functional outcomes (Beitchman et al., 2001). Expressive language delay alone

included five randomized clinical trials (RCTs) and two nonrandomized clinical trials. One of the RCTs used the same sample of children as another RCT but repeated outcome measures following an immediate additional five months of treatment.

### ***Results***

All of the included studies are considered Level 1 or 2a research evidence. Results are organized from least to most compelling evidence.

Barnett et al. (1988) conducted an RCT which examined language outcomes among 39 participants of 2;11-4;11 years of age that were randomly assigned to either center based intervention, PBI, both center based intervention and PBI, or a no treatment control group. All children were diagnosed with a mild to moderate language disorder. There were 10 children assigned to each intervention group and 9 children assigned to the control group.

The center based intervention group participated in a combination of individual, small group and large group therapy for a total of 2½ hours a day, 4 days a week for 13 weeks. The PBI group parents attended four 2½ hour training sessions during the first three weeks of intervention as well as an additional five sessions during the treatment period. Training consisted of teaching parents techniques for facilitating language development. Parents were given assignments and expected to deliver intervention at home twice a day for 15 minutes, over the course of 13 weeks.

Language was pre-tested and post-







