The Clinician's Turn: Speech Pathology

PRAGMATICS IN CHILD LANGUAGE

The study of the development of pragmatic abilities in children is a relatively new area of study of the communicably handicapped. Much new knowledge has been generated. Our two contributors Sharon Halldorson and Susan M. Clarke examine the clinical relevance of some of this information for language assessment and intervention.

Questions about specific issues should be addressed to the authors. Comments on this or previous topics or suggestions for future topics should be sent to the co-ordinator:

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PRAGMATIC-SEMANTIC INVOLVEMENT IN WH-QUESTION RESPONDING

Since the mid 1970's research in normal language development has provided a wealth of information on the pragmatics (use) of language which has aided language clinicians in their efforts to remediate disordered language systems.

Speech acts (i.e. intended interactive efforts between speaker and listener [Rees & Wollner in Wollner 1983])such as labeling, answering, requesting, etc. were the first aspects of pragmatics to receive attention in pragmatic literature.

In my own endeavors to intervene on disordered language systems of autistic, visually impaired, and mentally retarded children, I have been continually challenged by problems within a small but important slice of the *pragmatic pie*-- inappropriate wh-question responding.

Lund (1983) reported that most adult-initiated verbal exchange with children is in the form of wh-interrogation. It is important that we have an understanding of the underlying knowledge required by the child in order that appropriate question responding as well as verbal exchange transpires.

Cole (1982) and Lucus (1980) found that the order of acquisition of wh-questions was directly influenced by the development of *meaning*. Lucus (1980) reported that Ervin-Tripp (1970) found that no question form within the wh-question spectrum was inherently more complex grammatically than another, but that some develop earlier than others (eg. who, what, where precede when, why, how) because they require knowledge of earlier developing concepts (eg. people, objects, actions, location as opposed to time, cause and manner). In wh-question forms, one semantic segment is unknown but obligatory for appropriate responding. Cole (1982) tells us that until the semantic form is encoded in a child's declarative sentences, particular question responses will not be appropriate. For example the child must have expressively achieved the following semantic segments in order to answer accompanying wh-forms: (Leach 1972)

SEMANTIC SEGMENT	WH-QUESTION FORM
OBJECTS, NOMINALS	WHAT (OBJECT)
MAIN VERB	WHAT (ACTION)
AGENTS, SUBJECTS	WHO
LOCATION IN SPACE	WHERE
LOCATION IN TIME	WHEN
NO SPECIFIC SEGMENT	WHY/HOW

Based on the above research findings, and remembering that there is a developmental interaction among content, form and use, I begin with two informal sampling procedures. 1) A 100 utterance parent-child interaction language sample is collected. 2) If suspected question responding problems are demonstrated, a more structured task is presented using TEACHING RESOURCE LARGE PICTURE CARDS (1978) Set 1-2 (actions, places, and activities). Ten questions per wh-question form are paired with these pictures. In order to separate *communicative intention* problems from *semantic* deficits, five questions representing semantically known information (i.e. meaning that has been coded in the child's declarative statements) and five requiring information not coded by the child are presented. For example if a child used agents and responded appropriately to *who* by answering *mommy*, she would be demonstrating an understanding of the *answering intention*. If this same child did not use locatives, and gave no response to *where* questions this child would be demonstrating a suspected semantic rather than pragmatic problem, however both are targeted in therapy. For example if inappropriate responses were elicited for *who, where, and when* treatment would centre on the underlying concepts *agents, locations, and time* paired with the failed wh-question forms. The clinician would use a self-talk question-response technique while marking the semantic target event, eg. "Where will mommy sleep?"--"in this bed" during informal play. Later, more contextual tasks would be employed to draw the child into the question-response task, eg. as the child waited for a turn to stir during a cookie making task the clinician would say,"Where is my spoon?"(pause - waiting for the child's response) "Oh, it's

under my bowl". Post treatment results would be measured by readministration of the original picture/ question battery. Answer-tasks such as these determine not only if the child comprehends early speech acts, but to which, if any, semantic cues the child may or may not be attending (Lucus 1983).

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It has been noted by researchers that an appropriate term for pragmatics in child language might be "everything we used to throw out" in our interpretation of a language sample (Prutting, in press). The analysis of child language and, in fact, of any disorder of communication can be substantiated with a consideration of social interaction. What we used to disregard in assessment were the subtle aspects of communication which we are not conscious of in conversation. In the communication field, such subtleties provide valuable insight into a given problem, be it a language disorder, misarticulation of speech, dysfluency, voice disorder or hearing handicap. For example, the stutterer may be exhibiting secondary mannerisms which are pragmatic in nature--such as postural shifts and limb movements. He may have some difficulty in maintaining a conversational topic, as a result of his dysfluencies. He may never have developed a natural repertoire of conversational roles, perhaps by choice or perhaps through lack of experience.

Social language skills are an important consideration in any communications assessment. Clinicians in speech/language pathology and audiology, however, must be aware that this new focus does delve into other established fields. One of these is psychology. When, as speech/language clinicians, we begin to discuss the social communication of our clients, some mention could be made regarding the emotional state. Feelings will affect communication and, although the speech clinician may not feel qualified to interpret the emotional state, an informal description of it may supplement the assessment. For example, a child may be notably shy and unwilling to communicate, but has the capabilities for directive, informative and inquisitive speech. His reason for not using the conversational roles, then, is through personal choice rather than lack of skill.

Another discipline which child language pragmatics may overlap is that of social work. Social skills assessment and treatment may be completed by the social worker. Here, the rules of discourse may be described and treated. Use of speech act roles may be focussed on. These involve language however and, in so doing, involve the language specialist as well.

The field of speech/language pathology and audiology has evolved somewhat to encompass a much broader base--communication disorders. Some universities and colleges have, in fact, changed their titles from "Department of Speech Pathology and Audiology" to "Department of Communication Disorders". This expansion of the field would seem to have stemmed in part from research done in pragmatics. The dimensions of language, as proposed by Prutting (in press) are pragmatics, semantics, syntax and phonology which operate synergistically. The addition of pragmatics to an analysis provides a "more complete and accurate understanding of the entire communication system". Thus, the interpretation of any disorder of communication at any age level would benefit from an overview of pragmatics.

Pragmatics assessment has, to this point, been largely of a descriptive nature. Although cumbersome and subjective, this method does provide useful information for remediation and can be considered in a systematic manner.

The booklet Assessment and Intervention for Pragmatics (Halldorson, unpublished; available through the Child Guidance Clinic, September 1984) considers assessment, goal-setting and intervention ideas for

pragmatics in both the preverbal and the verbal child.

Chapter One of this booklet looks at two descriptive and frequency measures for assessment of the pre-verbal child. Two other forms were designed for use with the child at verbal stages of development. Both are descriptive and frequency measures. The latter form also provides a numerical and graphic analysis of pragmatic behavior. Chapter Two discusses formation of pragmatics goals for the preverbal and verbal child. Items used in the assessment forms are explained in this chapter. Chapter Three presents ten pragmatics techniques for use with the preverbal population, and ten activities suggested for the verbal child. Goals discussed in Chapter Two are specified for each technique or activity. A bibliography on pragmatics in child language concludes the booklet.

A pragmatic approach to speech and language therapy can be taken with any disorder of communication. Even in structured therapy, carry-over of goals takes on a pragmatic form, where a naturalistic setting is used to ensure the success of intervention. Pragmatics goals for communication can be specified and trained in themselves. They will facilitate other communicative goals by their very universal nature. In order for speech/language clinicians to understand the "entire communication system", pragmatics must be taken into consideration.

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