Oral language competence and risk in early life

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August 31, 2011

Acknowledgements

- Australian Research Council (Discovery Program)
- Criminology Research Council
- Professor Martine Powell – Co-investigator
- Margaret Kent and Rita Cauchi, Research Assistants
- Participants in our studies

In today’s presentation

- Factors that promote Oral Language Competence (OLC) in early life
- Why does OLC matter across the lifespan?
- Our research on OLC in high-risk young males
- What do these findings mean for the young person at-risk in the early years / already in the justice system?
- So – what can schools do?

Oral language competence?

- Everyday speaking and listening skills
- Auditory processing and comprehension
- Expressive language skills – semantics (vocabulary) , syntax (grammar), pragmatics (use)
- Socially and culturally determined rules and practices
- Important in facilitating the transition to literacy in the early school years, but not just literacy’s ‘Hand Maiden’

Language: Surface and hidden meanings

- Similes
- Metaphor
- Idiom
- Jokes
- Sarcasm

Threats* to the development of OLC

- Neglect – esp socio-emotional
- Abuse
- Parental MH problems e.g. depression, substance abuse
- Social disadvantage / low SES / chaotic family
- Developmental disabilities
- Male gender
- Sensory deficits
- Inadequate / interrupted education – b/c language continues to emerge / evolve throughout childhood, adolescence and across the adult life-span

*Cumulative in nature
Why does oral language competence matter?

- The means by which we negotiate the business of everyday life – in personal, social, educational, commercial, professional contexts
- The basis for the transition to literacy in early childhood
- The basis for the development of a repertoire of culturally appropriate social skills.
- Transmission of culture
- A tool of self-regulation, planning & organisation of behaviour

Communicative competence

- Rules of turn-taking
- Conversational rights – asymmetrical in some situations e.g., an investigative interview
- Perspective taking
- Conversational repair
- Monologic Vs. Co-constructed narratives
- Direct Vs. Indirect Speech Acts
- Deep Vs Surface meanings: understanding and use
- Social Cognition

Language problems, social marginalisation and mental health

- Anxiety
- Depression
- Social Phobia
- Substance misuse
- Conduct Disorder
- Difficulties benefiting from verbally mediated psychological therapies (e.g., CBT)
- Mis-labelling of behaviours associated with disordered language
- Longitudinal data

Language as a tool of Social Belonging: Social Cognition

- Social Inferencing
- Theory of Mind
- Empathy
- Working memory
- Therapeutic / Healing nature of relationships

Crossing the Bridge: The transition to literacy

- Promotes academic achievement, school attachment and retention, positive self-esteem
- An important Protective Factor
- Learning to Read Vs Reading to Learn
- The Matthew Effect

The Matthew Effect

Our research

• Extends what is known about social skills and learning disabilities in young offenders, but
  ➢ Is specifically concerned with oral language
• Seeks to position OLC more centrally as a protective factor for all young people
• Recognises that level of education is a powerful predictor of health status, social engagement, and economic productivity across the lifespan
• Carried out in Victoria, Australia

The Victorian context

• Active diversion of youth offenders from custodial sentences
• Unique “Dual Track” system for 17-20 year-olds
• Lowest rate of youth supervision or detention nationally (Australian Institute of Health and Welfare, 2006)
• Fewer indigenous offenders than other States

The “typical” young offender

➢ Is male
➢ Leaves school sometime around Year 8 - 9; history of truancy, poor school attachment
➢ History of learning and conduct disorder
➢ High risk for substance abuse
➢ Associates with similar peers
➢ Chaotic family structure; involvement with Child Protection agencies
➢ 2nd generation risk factors
➢ Higher rates of all-cause mortality
➢ Polymorbidity
➢ Was not always an offender – was once a ‘problem child’

TWO KEY STUDIES

1. Community-based young offenders
2. Incarcerated young offenders

Community Offenders study (Snow & Powell, 2008)

• n=50 YP on community-based orders
• Mean age* = 15.8; Mean yrs education = 7.6
• Standardised measures of spoken and receptive language
• A measure of nonverbal IQ
• Data about convictions (violent Vs nonviolent - categorised)
• NB Excluded known Hx of TBI, hearing impairment, major psychiatric diagnoses etc
• 52% LI
Community Study: Key findings

- 52% classified as language impaired according to standardised measures
- Difficulties were pervasive across measures
- Language problems not accounted for by low IQ
- Relationship b/w language skills and type of offending unclear
- 50% of those with LI had been identified for early intervention services
- 41% of those with LI had been diagnosed as ADHD

Custodial Sample (Snow & Powell, in press)

- n=100
- Mean age = 19.03; Mean Yrs education = 9.8
- Standardised measures of spoken and receptive language
- A measure of nonverbal IQ
- Data about convictions (violent Vs nonviolent - quantified)
- Mental Health measure – to examine links b/w language and MH, in particular depression and anxiety
- Child Protection Hx – Out of Home Care Placement
- No exclusions, but all had to have completed the majority of their schooling in an English-speaking country
- No participants identified as being of Aboriginal or Torres Strait Islander origin

Measures - 1

CELF4 (Australian standardisation)
- Recalling Sentences
- Formulating Sentences
- Word Classes (Receptive)
- Word Definitions
- Core Language Score

Test of Language Competence – Expanded Edition
- Ambiguous Sentences
- Listening Comprehension
- Figurative Language
  (Narrative Discourse – analysis pending)

Measures - 2

Kaufman Brief Intelligence Test – 2nd edition.
- Matrices – for estimate of NV IQ

Depression, Anxiety and Stress Scale (DASS)

Cormier-Lang Crime Index (CLCI)
- Violent Offending
- Non-Violent Offending
- Total Offending scales

Measures - 3

Self-Report on
- Early intervention
- ADHD Diagnosis
- Level of education
- Further training
- Child Protection History – Out of Home Care Placement
- Alcohol and other drug use
- TBI, Hearing Impairment, major psychiatric diagnoses

Operationalising LI in the sample

- n = 50 were identified as LI on the CELF4 (standard score < 2 SDs below the mean)
- n = 59 scored < 2 SDs below the mean on at least two subtests of the TLC-E
- A score below this cut-off on 2 of the 3 TLC-E subtests and on the CELF4 Core Language Score was the operational definition of LI
- 46% were identified as LI using this definition.
Violent Offending and LI

- History of violence present in 87% of cases
- Quantified using CLCI
- Two subgroups created based on severity median split on CLCI Scales 1 & 2
  - ‘High’ Offending n = 26
  - ‘Not-High’ Offending n = 74

These subgroups differed on years of education but not on nonverbal IQ

Violent Offending and LI cont.

Inspection of the 7 cases of extremely high scores (>75th percentile) on both the CLCI violent and non-violent offending scales, showed that 5 were in the Language Impaired subgroup.

Custodial Study: Key findings

- 46% Language Impaired
- Significant differences on several language measures between High Offending Group and Non-High Offending Group
- Of the 29 with a history of OHC, 16 (68%) were classified as LI
- No association b/w LI and self-reported MH problems
- Significant correlation between language skills and IQ for the non-LI subgroup, but not for those with LI.
- 62% of those with LI had been identified for early intervention services
- 43% of those with LI had been diagnosed as ADHD
- TBI, psychiatric diagnoses, hearing impairment all occurred with low frequency / overlap with LI.

Limitations / considerations

- Self-selection into the study => bias?
- Operationalisation of LI – were we too conservative?
- MH measure – sensitivity?
- Minimum Data Set – not part of our thinking 10 years ago, but should have been
- Many may have had Child Protection involvement but without OHC placement – this is difficult to assess via self-report
- Many likely to have trauma backgrounds – difficult to capture, but important developmentally
- Community / Custodial offender distinction is somewhat artificial

Take home messages?

- Clinically significant language impairment is present in ~ 50% of young male offenders
- IQ is not an explanatory mechanism
- Early intervention has
  - Not occurred
  - Been inadequate
- Other labels (e.g. ADHD, Conduct Disorder) are likely to be applied
- Early risk (as measured by OHCP) increases vulnerability but is also a missed intervention opportunity
- Undetected LI will make being a witness, suspect or victim more challenging for a young person
- Interpersonal violence instead of prosocial ways of dealing with ambiguity / hostility??

<table>
<thead>
<tr>
<th>Measure</th>
<th>High-Offending Scores on CLCI Scales 1&amp;2 (n=26)</th>
<th>Not High-Offending Scores on CLCI Scales 1&amp;2 (n=74)</th>
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<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
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<tr>
<td>TLC-E Subtest 1</td>
<td>4.2</td>
<td>1.9</td>
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<tr>
<td>Ambiguous Sentences Standardised Score</td>
<td>5.4</td>
<td>2.6</td>
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<tr>
<td>TLC-E Subtest 2</td>
<td>4.2</td>
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<tr>
<td>Listening Comprehension Standardised Score</td>
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<td>TLC-E Subtest 4</td>
<td>4.3</td>
<td>2.9</td>
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<tr>
<td>Figurative Language Standardised Score</td>
<td>3.6</td>
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<tr>
<td>CELF4 Formulating Sentences</td>
<td>4.0</td>
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<td>CELF4 Word Classes (Receptive)</td>
<td>5.0</td>
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<td>CELF4 Word Definitions</td>
<td>63.7</td>
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<tr>
<td>CELF4 Core Language Score</td>
<td>63.7</td>
<td>19.9</td>
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Language Problems are Invisible

Language Impairment may masquerade as:

- Rudeness
- Indifference / lack of concern
- Poor motivation to cooperate
- "Yep, nup, duirno, maybe"... and other minimalist responses
- Suggestibility / Over-compliance

What does all of this mean for....

- Early intervention with high-risk boys?
- Forensic interviewing of youth offenders?
- Counselling of young offenders?
- Restorative Justice conferencing?
- Mental Health across the lifespan?
- Mastery
- Optimism / Hope
- Delivery of literacy and social skill interventions within the (youth) justice system?
- Young people in the Child Protection system?

Early intervention with high-risk boys: What can schools do?

- A focus on oracy
- Evidence-based approaches to teaching literacy
- Recognise that learning to read is a linguistic task
- Recognise comorbidity between language and behaviour problems
- Recognise that behaviour may be a form of communication
- Be critical and vigilant re ‘what works’
- Recognise role of complex trauma in interfering with learning
- Don’t give up on high-risk kids

Rates of return from investment in early childhood

Selected Publications


Psychology, Crime & Law 10(6), 589-598.


