Building Early Sentences Therapy (BEST) is:
- A specialist intervention for children of 3-6 years with significantly delayed language development.
- Delivered by SLTs and SLT Assistants (SLTAs) in close partnership with the child’s parent(s)/carer(s).
- Delivered individually or in groups, and has been adapted for delivery in a number of languages.
- Based on ‘usage-based’ theories of language acquisition[1]
- Aims to improve children’s use and understanding of two, three and four clause element sentences
- Delivered over 16 sessions targeting 16 different verbs.
- Delivered using a standardised set of procedures and resources.

Key Features of BEST:
- A focus on Input
- Output occurs only when the child is ready
- Homework is accessible to parents
- A focus on Cognitive Strategies[2]
- Promotes Abstract Grammatical Representations[3]
- Can be Applied to a Number of Languages

Results

1. Quantitative Results: Data from 14 children receiving therapy in English and 4 in Mirpuri were analysed to determine which children had made significant progress in the target structures. All 18 children made significant progress, 15 in both morphology and argument structure use, 3 in either argument structure or morphology (Table 1). Summary Group data are presented in Graphs 1 and 2.

2. Qualitative Results: Focus group data from SLTs and SLTAs indicated high levels of acceptability and accessibility of the approach with SLTs, SLTA's and parents/carers

Discussion

- BEST is associated with significant progress in targeted language structures.
- Significant progress was achieved by children who received BEST in English and Mirpuri.
- Significant progress was achieved by children from monolingual and bilingual backgrounds.
- BEST is an accessible and acceptable intervention approach to SLTs, SLTAs and parents.

These results suggest that a theoretically motivated, structured, direct therapy intervention which promotes parent/carer buy-in, and which is delivered in a sufficiently high dosage can promote significant progress in the language development of young children with severe language difficulties.

Conclusion

This service evaluation is the first step in the development and evaluation of a complex intervention[5]

Further evaluation is necessary to definitively test the efficacy of BEST

Future plans include publication of a standard manual and set of resources and further research to evaluate
- How BEST compares to other interventions
- Whether gains generalise
- Whether BEST works in a wider range of languages

References


www.B-E-S-T.org.uk

Table 1

<table>
<thead>
<tr>
<th></th>
<th>English (N = 14)</th>
<th>Mirpuri (N = 4)</th>
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</thead>
<tbody>
<tr>
<td>Arguments</td>
<td>12 = 86%</td>
<td>4 = 100%</td>
</tr>
<tr>
<td>Morphemes</td>
<td>13 = 93%</td>
<td>4 = 100%</td>
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Note: Statistical analysis is a repeated-measures trend analysis for dichotomous data.

Graphs 1 and 2

Group summary data of change from baseline to outcome.

Percent correct by therapy group:
- English
- Mirpuri

Note: Wilcoxon matched pairs analysis. All significant at p < 0.05 except for Mirpuri morphology where p = 0.05

"...and Dad was like ‘So actually can I have some homework and can I take it home?’ because he saw him achieving in sessions and he thought I can do that….because it was structured with the family they appreciated that’.

"It was really motivating because you could instantly see the results and the impact it was having. Previously you’ve been running groups and you’ve done stuff and you’ve kept doing the same stuff...Because you could see how quickly they have grasped it, it kept you motivated."


