

Volledige referentie:

Paquier, P.F. et al (2009), 'Normative data of 300 Dutch-speaking children on the Token Test' *Aphasiology* 23 (4), p. 427–437

Abstract

Background: The Token Test (TT) was originally developed to detect—subtle—oral comprehension difficulties in aphasic adults. Subsequent studies underscored its power to discriminate aphasic from non-aphasic brain-damaged participants, and confirmed its clinical utility to such an extent that it was included in several aphasia assessment batteries. These attempts at standardising and clinically validating the TT in adult participants were paralleled by similar efforts in children. As a result, the TT was used as a reliable instrument to study different clinical childhood populations, to help determining receptive language ability in paediatric participant/patient groups, and to assess the validity of other childhood auditory receptive language tests. It was shown that the TT can be used to discriminate children with acquired aphasia from non-aphasic brain-injured children.

Aims: (1) To introduce norms for children between 6 and 16 years of age, in order to improve the clinical use of the TT in the Dutch-speaking paediatric group; and (2) to test the adequacy of the TT in a clinical paediatric population.

Methods & Procedures: The 61-item version of the TT was administered to 300 Dutch-speaking normal schoolchildren whose ages ranged from 6 to 16 years. Medians, upper and lower quartiles, and the lower 5% limits were calculated per age group. Graphs were drawn up by using a least squares fit to normative data separately for boys and girls. To address the utility of the TT in a neuropaediatric setting, the scores of 38 Dutch-speaking children with acquired aphasia were reviewed retrospectively and compared with the current norms.

Outcomes & Results: Data analysis showed a highly significant positive correlation between age and TT score in the total norm group ($r_s = .57$; $p < .001$), as well as in the female ($r_s = .69$; $p < .001$) and male ($r_s = .50$; $p < .001$) groups. Gender also plays a role in test performance, girls attaining significantly higher total TT scores ($U = 9340$; $p = .01$). A retrospective review of the TT scores of 38 aphasic children revealed that 65% of the boys and 80% of the girls scored on or below the lower 5% limit, whereas 91% of the boys and 100% of the girls performed on or below the lower quartile.

Conclusions: The normative data collected in a large sample of healthy children suggest a faster language development in girls than in boys. The norms also discriminate children with aphasia from healthy children, which finding underlines the clinical utility of the TT in a neuropaediatric setting. A comparison of the aphasic children's performance with the present norms shows that series 5 is a valuable abbreviated TT alternative.

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