Expressive Vocabulary Test Annotated Bibliography (2008)

This is a listing of studies that have used the EVT up until 2008, not a review of the quality of these studies. If you are interested in replicating a study in this list, it is recommended that you acquire a copy of the original article.

SEARCH PROCESS

Search 1

- **Engine**: ISI Web of Science
- **Key Words**: Expressive Vocabulary Test (engine searches titles and abstracts which include the key words)
- **Results**: 93 citations

Search 2

- **Engine**: GoogleScholar
- **Key Words/Exact phrase**: “Expressive Vocabulary Test” AND “Williams” (engine searches entire text of article for key words).
- **Results**: 330 articles. Reviewed first 100.

RESULTS

Reliability/Validity Studies


The EVT was one of 23 tests (out of a total of 49 tests reviewed) that included students with mild intellectual disability in the sample, making the EVT more appropriate for this population. It was one of only 3 tests to include adults with intellectual disability in the sample. The authors do note that no tests used children with more severe intellectual disabilities in their samples, making it difficult to use standardized tests with this population.

This study used the EVT as a referent for establishing the validity of a New Zealand version of the MacArthur CDI. They first established good long-term reliability of the EVT ($r = 0.79$, $p < 0.01$, for New Zealand children 2:8–3:4).


This paper describes the normative population for the PPVT™-III and EVT and discusses the importance of the co-norming and the extent of the ages and disorders covered in the normative sample. It does not present empirical data on the tests.


This study broke the ADOS down into factors and attempted to validate those factors. The EVT along with the PPVT, made up the referent for the Language Factor (indicating that the authors consider the EVT and PPVT to jointly form a valid measure of language ability).


Authors compared performance of 28 typically developing preschoolers on 4 standardized vocabulary tests (EVT, PPVT-III, EOWPVT-R, ROWPVT-R) with a language sample analysis. The correlation between the EVT and NDW (number of different words) in the language sample was significant, indicating some overlap in what they measure (i.e., semantic language ability).


This study attempted to determine the underlying constructs driving performance on the PPVT-III, using the EVT as a referent. They concluded that the PPVT-III was more difficult for children with lower vocabularies than the EVT.

**Diagnostic Accuracy**


Four vocabulary tests (EVT, PPVT-III, EOWPVT, ROWPVT) were administered to 4 and 5 year olds with and without SLI. The authors conclude that while their results support the construct validity of the tests, that none of the tests was a good identifier of SLI because the scores of children with SLI tended to fall into the normal range (though they were lower than the scores of the typically developing children).
Characterizing Specific Populations

African American children


This study examined the performance of typically developing low- and middle-socioeconomic status African American toddlers on the EVT™. Low-SES toddlers scored below middle-SES toddlers but still within the average range. The authors conclude that “much can be learned about AA children’s vocabulary by using conventional measures (i.e., the EVT and PPVT™-III) at a very young age”.


165 preschool and kindergarten students completed the EVT. The results were normally distributed with a mean score near 100, indicating that “the EVT is culturally fair and appropriate for use with some African American preschool and kindergarten children as part of an early screening battery.”


210 African American children and children of mothers with low education levels completed the EVT and PPVT-III. The authors were supportive of the use of the EVT for assessment with African American children and children whose mothers have less than a high school education, though they expressed caution about the PPVT-III.


The purpose of this study was to validate the use of the PPVT-III with African American children and to look at links between SES and PPVT-III scores. The EVT was used as a reference measure, to look for concurrent validity. There was a strong correlation between EVT and PPVT-III scores in the population, though the mean score on the EVT was 90 whereas it was only 78 for the PPVT-III. Low-income African American and European American children scored similarly on the EVT.


The purpose of the study was to validate the use of the PLS™-3 with African American children. The EVT was used as a reference measure for validating the PLS-3. The EVT correlated moderately with the PLS-3 for the African American children, providing some evidence of convergent validity, though correlations were higher for the European American children tested.
**Autism**


The authors compared standardized language measures (EVT™, PPVT™-III, CELF®-3 or CELF-P) with spontaneous speech in 44 children with autism. The EVT and PPVT-III were selected because “they (or their British equivalent) are widely used language tests in published studies on children with autism and were standardized on the same large sample that included children with a broad range of abilities levels.” They conclude that both standardized and spontaneous speech measures are useful for assessing children with autism.


The EVT was used along with several other tests to examine the speech and language profiles of children with autism. Over 90% of the sample completed the EVT, in contrast to the CELF-P or CELF-3 which 49% of the children could complete. Study results lead to a more complete understanding of language skills in children with autism across a range of cognitive levels.


The EVT and PPVT were the two measures of language outcomes in 9 year old children with autism who had initially been diagnosed 7 years earlier. 22 of 25 children were able to achieve a basal score on the EVT. The EVT was used successfully to divide the children into subgroups based on language outcomes.

**Specific Language Impairment (SLI)**


The EVT was one of several language measures given to 11 year old children with SLI. The authors were interested in comparing children’s language scores to their performance on a nonword repetition task. The EVT (along with the BPVT) was not significantly related to nonword repetition performance, though other language measures were significantly related. The authors did not appear to have a full explanation for why vocabulary measures would be different from other language measures in this respect.


The study examined vocabulary growth in preschool children with SLI over the course of one year. The EVT was used to validate the parent report of vocabulary in the CDI, though the CDI was the main vocabulary measure used in the study.


The authors hypothesized that poor naming ability in children with SLI was related to poorly developed semantic representations. They used the EVT along with a comprehensive language assessment to test the prediction. They found the EVT to be a positive predictor of naming performance.

The purpose of the study was to establish the use of a nonword repetition test among 4 year old children. However, children also completed the EVT™, CELF®-P, PPVT™-III, and Kaufman Assessment Battery for Children (KABC™). Only the EVT and the nonword repetition score were significant when all test scores were entered into a regression to classify children with and without a history of language delay.

**Other Syndromes**


This study profiled children with Costello syndrome and used the EVT to assess their expressive vocabulary. However, the authors note that more than half of the children scored “at the lowest possible score” (it is not clear whether they are referring to the lowest raw score, lowest standard score, or something else) and therefore the EVT might not be the ideal instrument to assess expressive vocabulary in this population.


The EVT was used to document severe expressive language impairments in a child with a duplication of the Williams-Beuren Locus, a rare chromosomal abnormality. Expressive language was notably more impaired than other cognitive-linguistic skills and physical attributes.


Children with Down syndrome, children with SLI, and typically developing children completed the EVT along with other language and cognitive measures three times in one year. Results showed different profiles in vocabulary development between the three groups: children with DS began with higher EVT scores than children with SLI, but children with SLI made faster progress through the year than children with DS.


The purpose of the study was to characterize the cognitive, language, and behavioral skills of children with Kabuki syndrome. 11 children were assessed; the EVT was one of several measures used. The EVT was used to document a relative area of weakness in expressive language.


This study characterized the cognitive, behavioral, motor, and language skills of children with opsoclonus-ataxia, a progressive neurological disorder. The EVT was used to establish expressive vocabulary levels; most of the 10 children showed delays on the EVT though most also showed growth over time in EVT scores.
**Cochlear Implants**


The EVT™ was used to measure vocabulary in 6 children with ASD who received cochlear implants. Three of the children were able to complete the EVT (this was comparable to or better than completion rates for the other standardized tests used in the study). Those that did complete the EVT showed growth over time.


This is a case study of a deaf child who received a cochlear implant at 20 months. The EVT was attempted at 30, 36, & 42 months but not completed because of a difficulty establishing the concept of synonyms.

**ADHD**


Several language, cognitive, and emotional/behavioral measures were given to 9–11 year old boys in four groups: with ADHD and SLI, with ADHD only, with SLI only, and typically developing. The EVT was not the main focus of the study but did demonstrate differences in mean scores across the four groups, such that typically developing > ADHD > SLI > ADHD/SLI.