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Treatment Protocols for Articulation and Phonological Disorders
Hegde, M. N and Pena-Brooks, A


For busy practitioners the offer of detailed, evidence based treatment protocols for articulation and phonological disorders complete with appropriate picture resources and methods of recording progress would seem too good to miss. This book, if purchased with the companion eight volumes of “Sound stimuli books” aims to provide just such a resource.

The book has a short introductory section giving an overview of how to choose targets for therapy, how to carry out the treatment approach advocated by the authors, the evidence base for this approach and how to use the resources in the book. The remainder of the book is mainly comprised of word lists and recording forms for each of the steps in the treatment protocol. The protocol is a behavioural one based on “the discrete trial method” (p. xii) and involves three steps. Firstly the therapist establishes “baserates” of production success of the target consonant or cluster. Secondly, therapy is carried out for eight target words. This involves the child imitating production of one of the words until a specified criterion of success is reached. Prompting is then faded in clearly defined steps until the child produces 10 consecutively correct spontaneous productions of the word. Scripts are provided for the presentation of each step. Therapy then moves on to the next word in the target list continuing until the child has reached criterion for all eight words. The final step is a “probe protocol” which assesses production of the target in untrained stimuli. The outcome of the probe determines whether therapy continues with a different set of target words, moves on to a different phonological target, or to phrase or sentence level work.
The book contains a baserate assessment sheet, a treatment protocol, a treatment recording sheet and a probe protocol sheet for all English consonants and two-consonant clusters, word initially and finally. The accompanying CD contains all of the forms in the book and blank copies which can be customised for individual children’s therapy targets.

The most useful aspect of this book is its emphasis on establishing baserates and outcomes before and after therapy. The practice of evaluating the efficacy of therapy as it progresses is crucial to good therapeutic practice. It supports the individual practitioner’s critical reflective practice, the quality of therapy for the child and the professional development of the practitioner, it creates data which can be used to support the commissioning of services and it can be used as a research tool.

I do have a number of criticisms of this book, most fundamentally that, despite its title, the treatment protocols outlined do not fully address either articulation or phonological disorders. An articulation disorder is an impairment in the ability to produce the motor programme for a particular speech sound and may have a number of differing aetiologies, all affecting the choice of therapy. Drilled production work definitely has a place in that therapy however these protocols miss out the crucial, and often therapeutically most difficult first step in treatment, that of establishing the motor programme for the target sound.

Phonological disorders are impairments in linguistic development which relate to the knowledge and use of phonemic categories and phonemic contrast to code meaning. These disorders are also heterogeneous and research has demonstrated that the efficacy of therapy depends upon understanding the underlying psycholinguistic nature of that impairment and choosing the therapy approach accordingly (Dodd, 2005, Pascoe, Stackhouse and Wells, 2006). The authors of this book suggest that the
protocols described are applicable to phonological disorders as, in their view “so-called linguistic approaches.....have at their core only behavioural treatment techniques” (p. xii) and suggest the key to appropriate use of the protocols lies only in the choice of targets, and the order in which they are taught. This however ignores a significant evidence base advocating therapy to improve phonological awareness skills and awareness of phoneme contrasts and their effect on intelligibility (Barlow and Gierut, 2002, Dodd, 2005, Gillon, 2005).

This book may be useful for practitioners working with children with motor speech disorders who require large amounts of drill work. Where change is slow, the outcome measures could provide a method of demonstrating progress to the practitioner and, perhaps more importantly, to the child.

The detailed therapy scripts could be used as ready-made programmes for speech and language therapy assistants, parents and learning support assistants although the style is not particularly user friendly. Inclusion of the picture resources with the protocols would have added greatly to the value and applicability of the book.

A useful resource? Yes, but only for some children and if used in conjunction with other approaches. Too good to miss? Unfortunately, No.

References


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