Streamlining Assessment and Intervention for Children's Speech Sound Disorders

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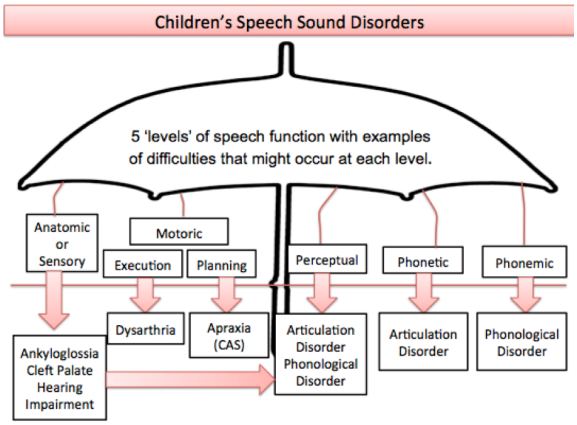
For every 6-to-8 children a generalist Speech-Language Pathologist (SLP) sees for intervention, two, three or more will have some degree of speech sound disorder (SSD). Sometimes the SSD is an isolated issue, such as a stand-alone articulation disorder with difficulties at the phonetic execution level. Alternatively, a child's SSD may emanate from more than one level; for example, co-occurring phonetic execution issues *and* phonemic representation problems. Other children come with SSD plus another type of communication disorder—for instance, childhood apraxia of speech (CAS) *plus* Developmental Language Disorder (DLD). Yet others will have an SSD in the context of a more encompassing developmental disorder such as Autism Spectrum Disorder (ASD) or Down syndrome; or another condition, like hearing impairment or cleft palate.



Whatever the "mix", an SLP's goal will be to deliver explicitly principled intervention that is based on solid theory, founded where possible on E^{3}BP principles. In E^{3}BP, the superscript "3" denotes that evidence-based practice (EBP) is a three-way arrangement—preferably an *agreement*—between: (1), the client and family, (2), the clinician, and (3), the evidence (Dollaghan, 2007, p.2). By embracing the **evidence** goal and pursuing the "three Es" of quality assurance—**effectiveness**, **efficiency** and **effects** (Olswang, 1998, pp. 134-150) the clinician can streamline assessment and intervention, thereby maximising the prospect of an optimal outcome for the client.

In the process, especially with more complex and multifactorial SSDs, the clinician may have the opportunity to dig deep into the therapy toolkit, and sometimes relevant literature, to plan and deliver therapy that is finely tailored to an individual client's needs, monitored continually and modified if necessary, as intervention progresses.

Workshop participants will briefly explore classification systems for SSD and review a core (basic) speech assessment battery that starts with independent, relational, and place-voice-manner analyses (Bowen, 2015, pp. 82-88; see also McLeod & Baker, 2017, pp.244-287 for a detailed account of more comprehensive evaluation). The bulk of this 3-hour workshop will be devoted to the factors involved in selecting an evidence-based intervention approach, or combination of approaches and choosing treatment targets, for children with phonological disorder and/or CAS.

References

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