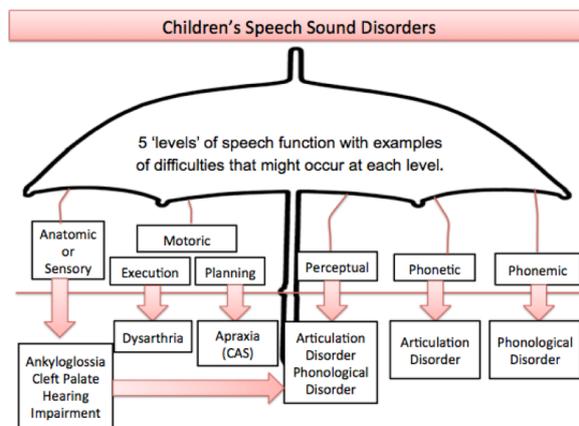


ADDRESSING CHILDREN'S SPEECH SOUND DISORDERS

What's under the umbrella?

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Speech-Language Pathologists / Speech and Language Therapists (SLPs/SLTs) who work with children with speech sound disorders (SSD) know that their difficulties can sometimes be relatively easy to assess and plan treatment for, and their intervention proceeds predictably, with a good speech outcome comparatively quickly. Alongside these “straightforward” children are those with more complex presentations that give SLPs/SLTs the opportunity to dig deep into the therapy toolkit, and sometimes relevant literature, to plan and deliver explicitly principled therapy, finely tailored to the client’s needs, monitored continually and modified if necessary, as intervention progresses. With either

group, the SLP/SLT has a wide repertoire of assessment tools, and treatment approaches, procedures, activities and target selection strategies to draw on—and these are associated with various levels of evidence.

This Continuing Professional Development (CPD) event starts with the basics of description, classification and identification of SSD; next it covers a core speech assessment battery and the additional evaluation procedures that are often helpful when diagnosis is complicated; then on to target selection; and finally, intervention. While it covers much of the same ground as *Evidence-Based Intervention for Children with Speech Sound Disorders* (EBISSID), it comes in at a simpler level. EBISSID is quite “advanced” resting on the assumption that participants have access to relevant journals and are regular readers of the peer reviewed literature.

Under the Umbrella is designed for SLP/SLT events where...

1. ...participants are from a variety of undergraduate and post graduate backgrounds so that their “prior knowledge” of the SSD topic will be variable within the group. In these “mixed audiences” some participants will have qualified in countries where SLP/SLT professional organisations are Mutual Recognition Agreement (MRA) signatories (i.e., ASHA, IASLT, NZSTA, RCSLT, SAC-OAC, and SPA) while some will have qualified in countries that are not MRA signatories. That is not to suggest that graduates from the MRA countries are necessarily “better—only that their coursework, and the emphasis on EBP, may be significantly different.
2. ...where participants are not so familiar with developments in child speech over the past decade or so, particularly those who rely on one or two textbooks, selected websites, and Facebook groups, and who do not keep up to date by reading peer reviewed journal articles on a regular basis.

Learner Outcomes: Participants will be able to:

- Select and implement core assessment procedures to differentially diagnose children’s SSD.
- Choose an appropriate, evidence-based/theoretically sound intervention, based on assessment findings.
- Identify optimal targets and goals within those approaches
- Draw on enough information to implement the approaches and find out more about them. The approaches include: **Auditory Input (Naturalistic) Intervention, Core Vocabulary Therapy, the Cycles Phonological Patterns Approach, Dynamic Temporal and Tactile Cueing, Integral Stimulation, Metaphon, Parents and Children Together (PACT), Perceptually based intervention, Phoneme Awareness Intervention, Phonemic Intervention (Conventional Minimal Pairs, Multiple Oppositions, Maximal Oppositions and Empty Set), Phonetic Intervention (Articulation Therapy), Psycholinguistic Intervention, Rapid Syllable Transition Training, Stimulability Therapy, the Multisensory Approach, the Nuffield Centre Dyspraxia Programme, and Vowel Remediation.**
- Consider how some therapies might be modified, where necessary, to suit clinical conditions that do not match the “research conditions” (laboratory conditions) within which the therapy was evaluated.