

Student 11

Written Case Study

SPLH 880

May 2, 2005

Child D

Diagnosis & Recommendations:

Child D is a 5-year old male who scored at the 7th percentile on the GFTA. Based upon an analysis of his phonetic inventory, Child D is lacking /t/, /d/, theta, eth, /s/, /z/, esh, t-esh, d-yogh, /l/ and /r/.

I would describe this child as having a moderately-severe phonological disorder. It is unclear whether the disorder is functional or organic, but the child's frequent palatalization and lateralization of sounds could possibly suggest an organic component.

Of his substitutions, only /t/ and /d/ are "early acquired" relative to his age (Smit et al, 1990). Based upon this information, as well as his percentile score on the GFTA (more than one SD below the mean), this child would qualify for services.

Diagnosis is clear and accurate. Justification of diagnosis refers to GFTA score, sounds in error and developmental norms. Breadth of justification is appropriate, however, some terms (i.e., phonetic inventory) are used inaccurately. Most of the sounds listed are in the phonetic inventory. The problem with the sounds listed above is that they are low accuracy (or least knowledge). Thus, the sounds are a concern but not because they are excluded from the phonetic inventory. Recommendation is clear and accurate but additional details could be provided concerning the type (individual vs. group) and frequency (# of times per week, duration) of treatment.

Accurate and broad but small issues with terminology and recommendation details.

Treatment Recommendations:

I chose t-esh in the initial position as my target sound for intervention. I chose this sound because it is a least knowledge sound, and therapy should stimulate system-wide change (Gierut, Elbert & Dinnsen, 1987). T-esh is also a more marked sound than the other sounds missing from Child D's inventory, and evidence shows that treatment for marked sounds also promotes system-wide sound change (Gierut, 2001). Other evidence supporting the treatment of t-esh to create system-wide sound change is the fact

that it is late acquired (Gierut et al, 1996; Geirut, 2001), and non-stimulable (Miccio, Elbert & Forrest, 1999; Powell, Elbert & Dinnsen, 1991).

4 pieces of information (stimulability, knowledge, norms, complexity) were used to justify sound selection with appropriate references. Consistency of substitute is referred to below, but no justification is provided for the selection of word-initial position.

Broad and accurate, justification of word-initial not provided

Treatment Words:

When choosing words to use during treatment sessions, I decided to use words that were mono-syllabic and could be represented with Boardmaker pictures. All words began with the target sound, t-esh, and ended with a consonant that was in Child D's inventory. I was hoping that I could find high-frequency words that fit the above criteria, since there is evidence indicating that the use of high-frequency words in treatment promotes generalization (Morrisette & Gierut, 2002); however, I was only able to find four high-frequency words that fit the above criteria: chip, chain, cheek and chin. The remaining six words that I chose were: chop, chalk, chief, chug, chime and chick.

10 words selected for treatment that targeted the selected sound in the selected word position. Attempted to select high frequency words with appropriate citation of the evidence to support this. Density was not considered as a factor when selecting stimuli and this is a bit of an oversight given that few high frequency words could be identified and that monosyllabic words tend to be high density. Recall that treatment of a set of high density words should be avoided. Perhaps consider using nonwords because high frequency words could not be identified.

Good attempt but don't forget about density

Monitoring Progress:

I plan to monitor change in untreated sounds that are absent from Child D's inventory to see if the treatment of t-esh is promoting system-wide sound change, as the

evidence suggests that it should. I also plan to monitor change in the two untreated word positions of t-esh. Because Child D's substitutions within and across word position are inconsistent, generalization to medial and final word positions may not occur and I may need to target these in therapy as well (Forrest, Dinnsen & Elbert, 1997).

All least knowledge sounds monitored including treated and untreated sounds.

Appropriate

Evaluating Data:

An example scoresheet to examine percentage of accuracy and word-position substitutes is provided on the following page. I plan to evaluate this data by graphing the changes in percentage of accuracy for treated and un-treated sounds; this visual should assist Child D's parents and teachers in understanding progress made in therapy.

Scoresheet and description of analysis included. Graphing is a good approach. Scoresheet is confusing. What does number of trials relate to? Number of different words targeting each sound? Number of opportunities to say a specific sound? Would there be one sheet like this for each administration of the probe? Your analysis sounds like you plan to graph change over time so it might be easier if your scoresheet showed changed in accuracy over time so you could make your graph directly from your scoresheet.

Appropriate but may want to revise scoresheet

GRADE: A-

Overall, a great attempt with all answers on the right track; however, additional details and finer points need to be considered for almost all responses.

Example Scoresheet:

	Substitutes	Substitutes	Substitutes		
Sound	#__	V__V	__#	# Trials	% Accuracy
t					
d					
theta					
eth					
s					
z					
esh					
t-esh					
d-yogh					
l					
r					

Works Cited

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- Gierut, J.A., Morrisette, M.L., Hughes, M.T. & Rowland, S. (1996). Phonological treatment efficacy and developmental norms. *Language, Speech and Hearing Services in Schools*, 27, 215-230.
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- Morrisette, M.L. & Gierut, J.A. (2003). Lexical organization and phonological change in treatment. *Journal of Speech, Language, and Hearing Research*, 45, 143-159.
- Powell, T.W., Elbert, M., & Dinnsen, D.A. (1991). Stimulability as a factor in the phonological generalization of misarticulating preschool children. *Journal of Speech and Hearing Research*, 34, 1318-1328.
- Smit, A.B., Hand, L., Freilinger, J.J., Bernthal, J.E., & Bird, A. (1990). The Iowa articulation norms project and its Nebraska replication. *Journal of Speech and Hearing Disorders*, 55, 779-798.

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Oral Case Study
SPLH 880
May 17, 2005

Student 11

Child E

Patient Description:

- 6;5 year old male
- Scored at the 3rd percentile on the GFTA
- High scores on language and cognitive tests
- Low accuracy sounds: eng, theta, eth, /s/, /z/, esh, t-esh, d-yogh, /r/
- Nonstimulable sounds: eng, esh
- Lots of distortions (dentalized /s/, /z/)

Diagnosis & Recommendations:

- Mild-moderate phonological disorder
 - Justification: Stimulable for most sounds, lots of distortions, probably high intelligibility
- Recommend treatment 3 x / week, 30 minute sessions
 - Justification: low score on the GFTA, approaching the “cut off” for age of acquisition of developmental norms (Smit et al, 1990)
 - Considerations: early reading skills, self-esteem

Treatment Recommendations:

- Therapy target: esh in initial position
 - Justification: least knowledge sound (Gierut, Elbert & Dinnsen, 1987); non-stimulable (Miccio, Elbert & Forrest, 1999; Powell, Elbert & Dinnsen, 1991); consistent substitute

Sample Stimuli:

- Esh in isolation and syllables
 - Justification: fits with increasing linguistic units of Motoric approach
- Esh in real words: shape, ship, shook, shell, sheet (high frequency), shadow, shampoo, shuffle, shovel, shelf (low density)
 - Justification: high frequency and low density words promote generalization (Morrisette & Gierut, 2002)
- Esh in carrier phrases: “I have the _____” “Where is the _____?”
 - Justification: fits with increasing linguistic units of Motoric approach

Therapy Components:

- 3 x / week, 30 minute sessions
- Combination Motoric and Whole Language Approach
 - Motoric: 2 x / week, pull-out
 - Whole Language: 1 x / week, in classroom during free play
- Motoric Approach

- Justification: Study demonstrates efficacy (Powell et al, 1998); doesn't pair sounds; focuses on articulatory feedback
 - Components: drill play, auditory bombardment, production practice (no oral motor exercises), articulatory feedback
 - Whole Language Approach
 - Justification: Study demonstrates efficacy (Hoffman, Norris & Monjure, 1990); promotes generalization by providing different contexts and communication partners; provides opportunity for communicative feedback
 - Components: naturalistic play in the classroom with a variety of peers, communicative feedback
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Monitoring Progress:

- Eng, theta, eth, /s/, /z/, t-esh, d-yogh, /r/
 - Justification: Monitor untreated, low accuracy sounds
- Esh in medial and final positions
 - Inconsistent substitutes, so may not generalize (Forrest, Dinnsen & Elbert, 1997)

Diagnosis:

clear : accurate diagnosis
clear recommendation + justification

Sound selection:

improved with questioning - clear all
evidence considered in selecting
sound

Word position:

good with solid justification

Tx words:

used lex char to select
contains target sound

Tx package:

good with solid justification

Sounds monitored:
good

Grade: A

Dx = strong

Tx = good - great with questioning