

Commentary on Student 5's Approach to Clinical Case #3

*Student requested that name be removed

Recommended treatment for Child 3 based on developmental norms for process suppression and an age-equivalent score that is 1.5 years below the child's chronological age. To me, this recommendation is not appropriate and the rationale is not compelling enough for me to change my opinion. It is true that velar fronting is early suppressed; however, it looks to me as if velars are emerging in this child's system because all three velars are classified as most knowledge sounds. Furthermore, stopping of fricatives and cluster reduction are late suppressed processes. Finally, age-equivalent scores have numerous problems. The primary problem is that these scores do not consider the range of variation that is observed in development and give a false impression of how a child compares to other children. Percentile ranks are more appropriate and this child scored at the 16th percentile which is only 1 standard deviation below the mean, corresponding to the lower bound limit for normal performance. Phonetic complexity is at the highest level, least knowledge sounds are late acquired, and many of the sounds produced in error the child has knowledge of. Treatment is not warranted at this time. The child should be re-evaluated in approximately 6 months to determine whether additional gains have been made. **Needs improvement.**

Recommended a cycles approach with no rationale provided for this choice. **More information needed.**

Processes selected for treatment were fronting because it is an early suppressed process; stopping of fricatives to increase intelligibility; and cluster reduction because clusters are least knowledge. The available evidence contradicts the choice to treat fronting. Treatment of least knowledge sounds leads to greater change than treatment of most knowledge sounds /k g/ (Gierut). Treatment of later suppressed processes/late acquired sounds leads to greater change than treatment of early suppressed processes/early acquired sounds /k g/ (Gierut). Stimulable sounds /k g/ are likely to improve without direct treatment so treatment should focus on nonstimulable sounds (Powell). Treatment of marked sounds leads to greater change than treatment of unmarked sounds /k g/ (Gierut 2001 for review). Treatment should target frequently occurring processes to improve intelligibility (Hodson & Paden). Velar fronting is infrequent for this child. Treatment of fronting is counter to all available evidence. Treatment of stopping and cluster reduction are both appropriate but the sounds chosen are not well justified by the student. For stopping, /f/ was selected because the sound was in the inventory so the child would be confident in producing the sound, /s/ was chosen because it was late acquired but the child could produce /z/ so /s/ should be easy to learn, /θ/ was chosen because it was out of the inventory. Selection of /f/ contradicts most available evidence because it is most knowledge, early acquired, stimulable. The only support for /f/ is that it is a marked sound. Selection of /s θ/ is appropriate because it is least knowledge, late acquired, nonstimulable, and marked but you do not provide this justification. For clusters, /pl/ was selected because it is visible, /dr/ because the child produces the sounds as singletons, and /sk/ because /s/ is being targeted as a singleton. Selection of these sounds is appropriate because they are least knowledge, late acquired, nonstimulable (except l-clusters) and marked but you do not provide this justification. In addition, it would be better to target true clusters rather than adjuncts /sk/ and clusters with a small sonority difference such as

voiceless fricative+liquid based on the findings of Gierut showing that true clusters with a small sonority difference lead to greatest change. **Needs improvement.**

Real words were chosen for treatment. No sample stimuli were provided as requested and lexical characteristics should be considered based on findings from Morrisette and Gierut. **More information needed.**

Overall, your diagnosis was incorrect and not well justified. Some elements of your treatment plan were inappropriate and others were appropriate but not well justified based on the available evidence. You really did not appeal to any of the factors that we have discussed in class so it is not clear to me that you know the information covered in this course or know how to apply this information to clinical treatment. In addition, details about the implementation of the treatment program were lacking (i.e., sample stimuli).

Grade: C