

Commentary on Student 7's Approach to Clinical Case #3

*Student requested name be removed

Recommended treatment for Child 3 because the child needs the sounds that are missing. To me, this recommendation is not appropriate and the rationale is not compelling enough for me to change my opinion. 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. In addition, 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 traditional approach with a cyclical goal attack to reduce frustration. No justification is provided for the traditional approach. **More information needed.**

Processes selected for treatment were stopping and cluster reduction because these are frequent for the child. This is an appropriate justification. Specific sounds chosen were /θ/ and /ʃ/ because these are late acquired and least knowledge; /pl/ and /tr/ because these are unmarked which will decrease frustration, but this is counter to the findings of Gierut suggesting that marked clusters will produce global change. Additional information that supports the choice of these sounds, but was not provided, is: /θ/ and /ʃ/ -- nonstimulable, marked; /pl/ and /tr/ -- least knowledge, late acquired, nonstimulable. **Adequate but errors (markedness of clusters) and narrow.**

Real words were chosen for treatment of stopping and the target position was word-final because this position is unmarked. No sample stimuli were provided as requested and lexical characteristics should be considered based on findings from Morrisette and Gierut. Nonsense words were selected for treatment of cluster reduction because it was thought these might facilitate sound change. No sample stimuli were provided as requested. **More information needed.**

Overall, your diagnosis was incorrect and not well justified. Your treatment plan seems appropriate but the justification is weak because of incorrect use of the available evidence (markedness of clusters), lack of additional evidence (stimulability, lexical characteristics of words, inconsistent use of other factors), and no rationale for the traditional approach. Details about the implementation of the treatment program were lacking (i.e., sample stimuli).

Grade: B-