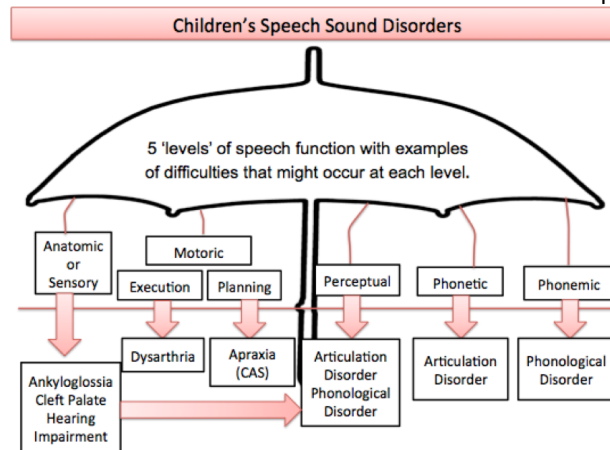


Streamlining Assessment and Intervention for Children’s Speech Sound Disorders

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For every six-to-eight children that 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 (articulation) 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 or Down syndrome, or another condition, like hearing impairment or cleft palate.

Whatever the “mix”, an SLP’s/SLT’s goal will be to deliver an **ethically sound**, explicitly principled intervention with adequate **fidelity**. The intervention will have a solid **theoretical basis** and follow the principles of **Evidence-Based Practice** (Dollaghan, 2007), while meeting the unique need of the client and family. Within this framework, the SLP pursues the “three Es” of quality assurance—**effectiveness**, **efficiency** and **effects** (Olswang, 1998, pp. 134-150). In the process the clinician can streamline assessment and intervention, thereby maximising the prospect of an optimal outcome for the client. 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.

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, 2023; see also McLeod & Baker, 2017, pp.244-287 for a detailed account of more comprehensive evaluation). The bulk of this event will be devoted to

- selecting an evidence-based intervention approach, or combination of approaches
- choosing treatment targets, for children with articulation disorder and/ or phonological disorder and/or CAS.
- achieving acceptable treatment fidelity when implementing interventions for children with SSD

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