

Well beyond the basics

Speech & Language Therapy in Practice editor **Avril Nicoll** reflects on a challenging but invigorating two days spent immersed in speech sound disorder assessment, diagnosis and intervention with international expert **Caroline Bowen**.

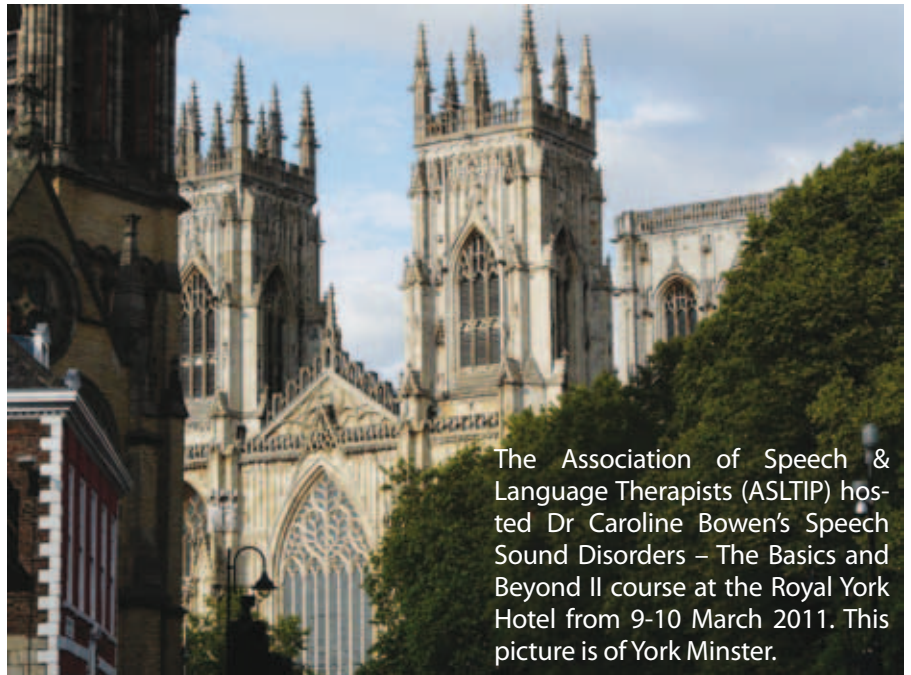
READ THIS IF YOU

- ARE PASSIONATE ABOUT TALKING
- HAVE SPACE IN YOUR THERAPY TOOLBOX
- WANT TO ENCOURAGE PEOPLE TO TAKE RESPONSIBILITY

Speech sound disorders used to seem like the poor relation in speech and language therapy, the area that many wrongly regarded as relatively 'easy' or 'most suitable for new graduates'. How we have moved on! Clinician, presenter, researcher, writer and inveterate networker Caroline Bowen can take a huge amount of credit for this shift. As well as being responsible for one of the foremost speech and language therapy websites (www.speech-language-therapy.com), Caroline maintains, manages and referees the phonological therapy listserv, which has over 7000 members worldwide.

Yet clinicians are faced with overwhelming caseloads and pressures on budgets and services. It can be a struggle to find the time and energy to access the evidence, and to incorporate different techniques into practice and eliminate others from our repertoires. Caroline therefore keeps up a punishing schedule of continuing professional development workshops across the globe as another part of her drive to raise standards. Having had a 'virtual' correspondence for many years, it was a pleasure finally to meet her in person at her two day 'Speech Sound Disorders – The Basics and Beyond II' in York.

With nearly 200 speech and language therapists attending, opportunities for discussion during the presentation were always going to be limited. However, a brief check seemed to suggest that, while Metaphon and the Nuffield have penetrated clinics in the UK, there is room for a wider choice of approaches in our therapy toolbox to match different needs. While the



The Association of Speech & Language Therapists (ASLTIP) hosted Dr Caroline Bowen's Speech Sound Disorders – The Basics and Beyond II course at the Royal York Hotel from 9-10 March 2011. This picture is of York Minster.

audience was eager to learn about these, Caroline also recognises the danger of clinicians being so enthused by a new approach that they overdo it. Taking Metaphon as an example, she believes it is unsuitable for children who have few sounds in their repertoires and who are in need of inventory expansion. A more systemic approach targets non-stimulable, later developing, phonetically more complex and linguistically marked sounds supported by least phonological knowledge (Bowen, 2011, p.37), but Caroline cautioned us not to "get too gung ho, as you don't want to scare people off with what can appear to be counter-intuitive or illogical."

Having decided to synthesise, organise and present such a vast amount of information (the course booklet runs to 76 pages), it was

important for Caroline to emphasise that therapists will not do every available assessment procedure with every child. Instead, "You will choose from your trained ear what would be useful" by taking a history, taking a speech sample of 200 utterances if possible, talking with them for 5 minutes and noting any 'red flags' such as a small phonetic inventory, backing, or initial consonant deletion. As she pointed out wryly, it is a "waste of test subject goodwill" to assess unnecessarily. At the same time, it is important to use assessment to identify potential treatment strategies and to avoid making a precipitate diagnosis of a condition such as Childhood Apraxia of Speech: "You can be so wrong."

Caroline has qualifications in speech pathology, speech and drama, family therapy and clinical linguistics. ▶



The Shambles, York

thinking are helpful “so you don’t look as if you are rudderless”, although “if you *are* lost, it can be helpful to say so.”

According to Caroline, it isn’t surprising that parents conclude so often that their child is ‘just lazy’. What are they supposed to make of the ‘puzzle phenomenon’ such as when a child says ‘thumb’ instead of ‘sum’ but ‘fum’ instead of ‘thumb’? I like Caroline’s continual focus on what the child *can* do and on what their behaviour and their speech is telling us. While “it is not part of our role to tame impossible children”, a refusal to cooperate from a generally biddable child does tell us they have decided this is hard. Articulatory struggle that begins *after* therapy has started is not necessarily a bad thing. Marking the presence of a sound with vowel nasality or lengthening shows a child has knowledge of it but that, at the moment, it is more than they can produce as a meaningful contrast.

With her acerbic views on the use of “empirically unsupported” approaches such as oro-motor and auditory integration well known, it is not surprising that Caroline advocates coming in at the level of the syllable where possible. The effect is further enhanced by adding prosody – sad, surprised – to make it meaningful straight away.

Another theme of Caroline’s is making therapy special for children. For this reason she asks to see them without siblings at assessment if possible. She uses motivating tricks (such as Sue Horton’s ‘Darth Vader Therapy’ for [k]) and toys such as a Viewmaster, which children enjoy as they have rarely seen one before. Most unusually, she employs her hero Einstein as a photographic representation of someone who is thinking and listening rather than talking. This ‘meta’ level prompting is enhanced by the use of rating scales of intelligibility: ‘what would mum / dad / granny / your teacher say?’ She extends this responsibility across time, by encouraging clients as they get older to decide when they need therapy and why.

As always at such events, I was struck by the parallels of the content with developments in other parts of the profession. So much of what was

◀ Her idiosyncratic style of organising material is reflective of her endless capacity to seek out, appraise, absorb and apply information from a wide variety of sources. This is challenging for attendees as we are used to courses about a single method, or to conference formats with clearly defined presentations. I have noticed, however, that Caroline’s seminar has proved very ‘sticky’, in that I either remember what was discussed or know what is in the comprehensive course booklet if I need it.

Clinician researchers have to prove their credibility in both fields, and Caroline succeeded by peppering her evidence based lectures with anecdotes and wisdom borne out of long experience. She is a passionate advocate for children with speech sound disorders and their families. She struck a chord when she said, “Parents shouldn’t have to bring children for speech and language therapy – talking should be a *right*. It’s a real imposition, and we should praise parents for turning up and working with their child.” Similarly, it was sobering to be reminded that we do not know the adverse effects of unsuccessful therapy, inappropriate therapy, insufficient therapy, or lengthy waits for therapy, because none of it has been studied.

I liked Caroline’s empathy with parents. She emphasised the importance of listening to parental descriptions on

the telephone before you meet their child, to hear what matters to them. She also understands what parents need from the first session, as many have mentioned to her, ‘I’ll never forget the first time I came to you and you said ...!’ As people come anticipating advice, Caroline believes it is vital to give one practical suggestion in the first visit. She has found the best is to set up story time (not necessarily with a book), as a quiet, sitting down, one-to-one opportunity that is predictable and has a ritual attached. In terms of the evidence, it will help with literacy for ‘at risk’ children and set up a frame for homework. Parents are also helpful when children are highly unintelligible. They can for example bring in labelled family photos and help the child to make a ‘map’ of their bedroom for discussion with the therapist.

Practice is essential

Honesty with parents is another key policy. Caroline answers, ‘He won’t do anything for me’ with ‘We’re going to have to try to change that.’ In low incidence conditions such as Childhood Apraxia of Speech, repetition and practice is essential for motor learning. She ensures parents understand that, although she may agree to ‘settle’ for a low number of repeats at the beginning of therapy, “it won’t go into his speech until we get the level of practice up”. She also says explanations to parents of your

◀ touched on is relevant to the therapy process with any client. In terms of techniques, the child language and adult acquired fields are also very interested in the use of unfamiliar or non-words to aid new learning. Prosody is increasingly recognised as a primary part of understanding and conveying meaning. In the adult acquired field, there is also interest in distinguishing a problem with a phonological basis from the much lower incidence apraxia of speech (Hunt, in press).

As well as parallels with other fields, an event that draws on international developments will also highlight cultural divergence. For example, while Caroline advocates adopting the American Speech-Language-Hearing Association's term 'Childhood Apraxia of Speech', I understand that in the UK the plan is to continue to favour 'developmental verbal dyspraxia' (RCSLT, in press). The video clips used to demonstrate therapy techniques went from impossibly perfect American clients in a very clinical environment to a much more familiar scenario with an energetic Australian boy working on the Core Vocabulary approach in a noisy school. Finally, while I would like to have heard more mention of the kind of phonology group work we often provide in the UK, Caroline tells me she has found "no evidence" to support groups over individual work.

In person, Caroline is as forthright and witty as I had anticipated. She is not afraid to ruffle feathers if she feels she has to but, even if you find yourself taking a different view, she always makes you think and want to find out more. She is also generous in sharing information, as shown by the comprehensive online resources list produced to accompany the course. Like fellow Antipodean Sharynne McLeod (see McLeod & Nicoll, 2010), she is committed to looking outwards, and is ambitious for the development of evidence based practice around the world. After York, Caroline was off to Dublin, Kent, London, Limerick, Singapore and Manila, as well as some time at home in Australia. She is in the UK again in late July to run three one day courses in London and two complementary one day courses in Durham, 'Spoiled

Caroline sees the sights at Fort Santiago during her lecture visit to Manila's University of Santo Tomas, Asia's oldest university



for Choice – Therapy approaches for speech sound disorders in children' and 'Sound reasoning: Therapy targets and techniques for children with speech sound disorders'. Further information on these and other forthcoming courses is on her website at <http://speech-language-therapy.com/0cpd.htm>.

Avril Nicoll is Editor of *Speech & Language Therapy in Practice*, www.speechmag.com. Her attendance at *Speech Sound Disorders – The Basics and Beyond II* was self-funded. Photos of York courtesy of Alan Eddison.

REFLECTIONS

- DO I TAKE MY INSPIRATION FROM A VARIETY OF SOURCES?
- DO I IMPLEMENT NEW EVIDENCE BASED INTERVENTIONS IN A MEASURED WAY?
- DO I ENSURE THAT THERAPY OFFERED – AND HOMEWORK – IS SUFFICIENT FOR PROGRESS TO BE ACHIEVABLE?

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References

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- Hunt, J. (in press) Working title: 'Apraxia of Speech Diagnosis: opening the can of worms', *Speech & Language Therapy in Practice*.
- McLeod, S. & Nicoll, A. (2010) 'Conversing with the world', *Speech & Language Therapy in Practice* Autumn, pp.E1-E3. Available at: <http://www.speechmag.com/content/files/SLTiPAut10ConversingWithTheWorldWEB.pdf> (Accessed: 25 June 2011).
- RCSLT (in press) *RCSLT Policy Statement on Developmental Verbal Dyspraxia*. London: Royal College of Speech & Language Therapists.

Resources

- ASHA (American Speech-Language-Hearing-Association) – www.asha.org
- ASLTIP – www.helpwithtalking.com
- Core Vocabulary - see Dodd, B, Holm, A. Crossbie, S. McIntosh, B. (2010) 'Core Vocabulary intervention for inconsistent speech disorder', in Williams, P., McLeod, S. & McCauley, R. *Interventions for Speech Sound Disorders in Children*. New York: Brookes.
- Metaphon – see Howell, J. & Dean, E. (1994) *Treating phonological disorders in children. Metaphon: Theory to Practice*. 2nd edn. London: Whurr.
- Nuffield – www.ndp3.org
- phonologicaltherapy listserv - <http://health.groups.yahoo.com/group/phonologicaltherapy/>
- Speech Sound Disorders The Basics and Beyond II resources list - http://www.speech-language-therapy.com/01cpd10ssd_basics_beyond_resources.html