

An innovative phonological therapy programme

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There is a great deal about the phonological therapy programme described by Bowen and Cupples that makes good sense. Parental involvement is one aspect in particular that is intuitively appealing. An idea that makes sense, however, is only a starting point to good science. What makes the Bowen and Cupples programme stand out is that it goes beyond simply proposing sound ideas by providing experimental support and materials.

One example of this is the evidence given in Bowen (1996) that the programme works. It is a remarkable feature of that study that there was a control group which did not receive therapy. The results found that the only difference between the control and experimental groups was that the latter showed significant improvement in phonological abilities. Few programmes can provide such solid evidence of their efficacy.

Another example is the manual developed in Bowen (1998). We can suggest that parental involvement should be beneficial, but just how is one to go about it? The Bowen manual provides a clearly explained overview to phonological acquisition and remediation for parents to read. From this starting point, the programme is rich in details on exactly how the parents are involved, particularly in the homework practice.

Bowen and Cupples provide many details on how to follow their programme for phonological intervention. For example, they suggest that there be a 50% split of the time spent on production vs. listening exercises. At the same time, the programme is not a cookbook. It assumes that the clinician can make judgements about the amount of time needed for each component, based on the individual child's needs. This flexibility and individualization is one of the programme's strengths.

This is not to say that every aspect of the programme is sufficiently detailed and validated. This is not surprising or disturbing, given the multidimensional approach. For example, therapy is done in 10 week blocks, yet there is no rationale given as to why this particular time table is preferred to other ones. Why not 12 weeks on, 6 weeks off? It would have been helpful to have an idea about how much flexibility is allowed in varying from the one given. This observation regarding the time table leads to a more general one. It is not always clear which parts of the programme are more central than others. For example, how critical are the metalinguistic tasks, both in terms of the time spent on them and the specific tasks used?

There are also areas where more information would have been helpful. Three in particular are phonological assessment, the selection of targets, and the use of

minimal contrasts. How important is it to use the *Metaphon* screening programme and the PACT assessment? The latter in particular is seen by some as too time consuming to use in some clinical contexts. We would imagine that there is flexibility in this regard and that other assessments can be done. It would be useful, however, to have had some comments on this. Of more concern is the issue of target selection. We are given very little on how this is done, yet this must be a central decision. Is it indeed possible to select any set of targets and expect progress over the intervention period? We still need research on questions like this one to validate the approach fully. A related issue is the need for some discussion of the use of minimal contrasts. Their use has been around for some time (e.g. Ingram 1976), yet their use has recently come into question by a series of studies by Gierut (e.g. Gierut and Neumann 1992). Gierut has experimental evidence that minimal contrasts are not as effective as using pairs of words with sounds that are maximally different.

It is a healthy sign for the area of phonological disorders to have innovative programmes such as this one being developed. Another one that offers similar promise is the one developed by Murphy *et al.* (1997), who have examined experimentally a phonological intervention approach which incorporates therapy into a preschool setting. Such a programme involves the child's teacher and peers in the intervention. Both of these programmes share the common feature of expanding intervention beyond the one-on-one approach of more traditional therapy. They also share the effort to verify the programmes through scientific methods. Lastly, they are excellent attempts to strengthen the communication between research and practice (cf. Ingram and Wilcox 1998).

References

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