Treatment of Severe Sound Disorders in Children

Ohio School Speech Pathology and Educational Audiology Coalition Annual Conference

October 24

8:00 – 11:15 a.m.

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Group activity

Choose one of the two following children and discuss with those around you how you would plan treatment based on today's session and based on your own knowledge concerning how to promote communication, language learning, preliteracy and literacy skills in children with severe speech sound disorders.

Younger child - Mary

Mary is a withdrawn, unhappy 3 year old when you first see her in a meeting that is designed to familiarize her with you as a new person who will be seeing her soon for an evaluation. She is reticent to communicate, tending to hang onto her mother and directing her interactions almost entirely toward her mother. Her communications consist largely of a small number of intelligible words and a small number of routine gestures. Her mother is quite concerned about her daughter's communication overall and is eager to participate in her child's evaluation and treatment.

Sound repertoire (note that parentheses indicate inconsistently used sounds):

Consonants

Initial: b, d, m, n, w, (j), (z),"ch"
Medial: (b), (d), (p), (n), (w), (j), "ch"
Final: glottal stop, p, (m), n, (f), (s), ("sh")

Vowels i, I, o, ae, a, and schwa

Syllable/word shapes

Structures (e.g., C (consonant) and Vowel (V or diphthongs)] used in communicative productions

Syllable shapes and Sample productions
V I [ai], hi [ai]
CV toe [to], dog [da]
CVC dog [dad]

Word shapes Sample productions
monosyllables: V, CV I [ai,], hi [ai]
disyllables: CVCV, CVCVC mama [mama], bubbles [bababb]

Additional information that may prove helpful is that there are questions about Mary's hearing (she has a long history of otitis media) and that her receptive language appears to be mildly impaired.

• Older child - Justin

Justin, age 9, had been diagnosed with CAS at age 4, at which time he had no intelligible speech and a limited use of vocalizations. At that time, he also demonstrated a rich array of communicative gestures and signs that had been created within the family. His receptive language was also excellent. His therapy since at 4 was based on an integral stimulation approach like that described by Strand and Skinder (1999).

Although progress occurred relatively slowly, at age 9, Justin communicates very effectively using speech. Residual problems, however, include some irregularities in rhotic vowel production, prosody, and the production of longer utterances, especially those that include multisyllabic word. He has also been diagnosed with a learning disability affecting both written communication (reading and spelling) and math, but is nonetheless able to participate in classroom with same-aged peers. Although he has a set of several close friends, he has recently become the target of a bully who makes fun of him at every opportunity, calling attention to his speech difference and his general clumsiness.

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