

Commentary on Monique Fees' Approach to Clinical Case #2

*Student requested name remain

Recommended treatment for Child 2 based on percentile score. This is the appropriate recommendation and part of the appropriate justification but consider supporting this recommendation with additional information such as number of least knowledge sounds, impact of errors on intelligibility, complexity of the sound system, and global phoneme collapse with an [h] substitute for MANY target sounds. Also, noted that expressive language ability was a concern and this is a justified concern. **Appropriate but narrow**

Recommended a maximal opposition approach because it highlights the contrast between sounds. Paired sounds selected will differ by a major class, maximal features, and will both be unknown. This was justified by referencing Gierut's research. This is an appropriate recommendation and an appropriate rationale. It might have been good to note that this should lead to broad system wide change as shown by Gierut's research. **Appropriate.**

Chosen minimal pairs were /s r/; /z w/; /tʃ l/. Why so many pairs? Will all be targeted at once? Remember, treatment of one error can lead to global system wide change if you select the "correct" error based on the available clinical research so pick one of these pairs. Justification for the specific sounds selected were (1) consistent substitute for /s z tʃ/ so only need to treat in one position; (2) nonstimulable /s tʃ/; (3) marked /s z tʃ/ (and l r); (4) least knowledge /s z tʃ/. Another appropriate justification that was not stated was that these sounds are also late acquired. Some of the justification provided was not accurate. In particular, /s/ is stimulable, being produced one time as a substitute for /ʃ/. Also, I am not sure that any of these pairs would really count as 2 unknown sounds. I would classify /w/ and /l/ as most knowledge so these would be considered "known" sounds. I would classify /r/ as more knowledge so this would be a bit of a murky area in terms of whether /r/ would be "known" or "unknown." On those grounds, I would say that /s r/ is the best pair you have and that should be treated first. **Appropriate rationale but problems with the details of implementation.**

High frequency real words and nonsense words based on the findings of Morrisette and Gierut. Sounds in the non-target position were sounds the child knew. **Perfect.**

Overall, your diagnosis and recommendations were on the right track but you should consider a wider range of factors in supporting your diagnosis. Your treatment was well justified and appealed to the majority of the available evidence. In this area, you showed an excellent integration of multiple pieces of evidence; however, you had a little difficulty with the actual implementation in that your sound pairs did not quite fit the type of minimal pair treatment approach you selected.

Grade: A

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-

Commentary on Student 5's Approach to Clinical Case #3

*Student requested that name be removed

Recommended treatment for Child 3 based on developmental norms for process suppression and an age-equivalent score that is 1.5 years below the child's chronological age. To me, this recommendation is not appropriate and the rationale is not compelling enough for me to change my opinion. It is true that velar fronting is early suppressed; however, it looks to me as if velars are emerging in this child's system because all three velars are classified as most knowledge sounds. Furthermore, stopping of fricatives and cluster reduction are late suppressed processes. Finally, age-equivalent scores have numerous problems. The primary problem is that these scores do not consider the range of variation that is observed in development and give a false impression of how a child compares to other children. Percentile ranks are more appropriate and 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. 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 cycles approach with no rationale provided for this choice. **More information needed.**

Processes selected for treatment were fronting because it is an early suppressed process; stopping of fricatives to increase intelligibility; and cluster reduction because clusters are least knowledge. The available evidence contradicts the choice to treat fronting. Treatment of least knowledge sounds leads to greater change than treatment of most knowledge sounds /k g/ (Gierut). Treatment of later suppressed processes/late acquired sounds leads to greater change than treatment of early suppressed processes/early acquired sounds /k g/ (Gierut). Stimulable sounds /k g/ are likely to improve without direct treatment so treatment should focus on nonstimulable sounds (Powell). Treatment of marked sounds leads to greater change than treatment of unmarked sounds /k g/ (Gierut 2001 for review). Treatment should target frequently occurring processes to improve intelligibility (Hodson & Paden). Velar fronting is infrequent for this child. Treatment of fronting is counter to all available evidence. Treatment of stopping and cluster reduction are both appropriate but the sounds chosen are not well justified by the student. For stopping, /f/ was selected because the sound was in the inventory so the child would be confident in producing the sound, /s/ was chosen because it was late acquired but the child could produce /z/ so /s/ should be easy to learn, /θ/ was chosen because it was out of the inventory. Selection of /f/ contradicts most available evidence because it is most knowledge, early acquired, stimulable. The only support for /f/ is that it is a marked sound. Selection of /s θ/ is appropriate because it is least knowledge, late acquired, nonstimulable, and marked but you do not provide this justification. For clusters, /pl/ was selected because it is visible, /dr/ because the child produces the sounds as singletons, and /sk/ because /s/ is being targeted as a singleton. Selection of these sounds is appropriate because they are least knowledge, late acquired, nonstimulable (except l-clusters) and marked but you do not provide this justification. In addition, it would be better to target true clusters rather than adjuncts /sk/ and clusters with a small sonority difference such as

voiceless fricative+liquid based on the findings of Gierut showing that true clusters with a small sonority difference lead to greatest change. **Needs improvement.**

Real words were chosen for treatment. No sample stimuli were provided as requested and lexical characteristics should be considered based on findings from Morrisette and Gierut. **More information needed.**

Overall, your diagnosis was incorrect and not well justified. Some elements of your treatment plan were inappropriate and others were appropriate but not well justified based on the available evidence. You really did not appeal to any of the factors that we have discussed in class so it is not clear to me that you know the information covered in this course or know how to apply this information to clinical treatment. In addition, details about the implementation of the treatment program were lacking (i.e., sample stimuli).

Grade: C

Commentary on Student 3's Approach to Clinical Case #2

*Student requested name be removed

Recommended treatment for Child 2 based on developmental norms for process suppression and sound acquisition as well as global collapse of numerous targets to an [h] substitution. This is the appropriate recommendation and a partly accurate justification; however, certain aspects of the justification are inaccurate. In particular, velar fronting is early suppressed whereas palatal fronting is late suppressed. This child has difficulty with palatal fronting so fronting is not a justification for treatment because this child's fronting is age appropriate. Additional information could be provided to justify treatment including the percentile score on the GFTA, number of least knowledge sounds, and complexity of the sound system. In addition, the student indicated that language was age-appropriate when in fact expressive language warrants further investigation. Expressive vocabulary appears to be age-appropriate but expressive morphosyntax and discourse warrant further evaluation given the child's low score on the TELD. **Needs improvement.**

Recommended a metaphor approach pairing the target with the substitute. There is no justification provided for this approach. The treatment approach may be justified but the rationale should be stated. Also, Gierut demonstrated that pairing the target with the substitute was not the most efficacious form of minimal pair treatment. **More information needed.**

Sounds selected for treatment were /f v/, /s z/, /θ/. The rationale for choosing so many related targets is unclear. It was indicated that these would be treated in succession and again it is unclear why you would select treatment targets for a second and third round of treatment so far in advance, given that the first round of treatment could promote global change in the child's sound system so that treatment on these selected targets would not be warranted. Keep in mind that treatment of one error can lead to global system wide change if you select the "correct" error based on the available clinical research (see the key for examples of other ways to target broad system-wide change). Rationale for /f v/ appears to be that the child has a consistent substitute, has more knowledge reducing time in treatment, and /v/ is late acquired. Additional justification that was not provided is that /f v/ are marked which should lead to greater change and that targeting /f/ focuses on the prominent error pattern of [h] substitution. Evidence challenging this choice is that /f v/ are stimulable and likely to improve without treatment and that treatment of least knowledge sounds leads to more global change. In the short run, treatment of more/most knowledge sounds may reduce time in that particular treatment program, but if broad changes are not made, then treatment will have to continue which will increase the time in treatment. I am not convinced that this is really the best sound selection for this child. **Adequate but could be improved.**

High frequency real words or nonsense words will be used in treatment. High frequency words were justified based on findings from Morrisette and Gierut. Nonsense words would be justified if real word minimal pairs could not be found. Examples of treatment stimuli were not provided and this was requested in the instructions. **More information needed.**

Overall, your diagnosis was correct but not correctly justified and a wider range of factors could have been appealed to as justification for this diagnosis. In addition, the diagnosis of age-appropriate language is questionable based on the evidence. Certain aspects of your treatment program were not well justified and some details were omitted (e.g., sample treatment words). Generally, the treatment program was unclear and it leads to the impression that you were not sure what to do because you were not confident in your decisions. Perhaps you are trying to get rid of old ideas about phonological treatment to embrace the new ideas we covered in class and now you are confused about what to do?

Grade: B