NSW Speech Pathology
Evidence Based Practice Interest Group

Critically Appraised Paper (CAP)

CLINICAL BOTTOM LINE:
For children that make phonemic word-finding errors, a strategy comprising syllabification, pairing of target words with phonemic neighbour cue words and rehearsal is effective in establishing and generalising specific vocabulary.

Clinical Question [patient/problem, intervention, (comparison), outcome]:
What techniques are effective for improving word-finding difficulties in children aged 2 – 12 years old?

Citation:
German, D.J. (2002). "A Phonologically based strategy to improve word-finding abilities in children". Communication Disorders Quarterly 23:4, Summer, 179-192

Design/Method:
Single subject multiple baseline design across participants.

Participants:
Two eight-year-old boys referred by school SLP's for word-finding intervention. Word-finding difficulties diagnosed by Test of Word Finding and at least 10 word finding characteristics on classroom questionnaire. The boys had average receptive language, normal hearing and vision and no emotional disturbances.

Experimental Group:
A three-pronged strategic approach to word-finding intervention was used during individual 30-minute sessions with 2 subjects (A & B). Meta-linguistic knowledge (# syllables), phonemic neighbour cues (shared sounds) and rehearsal strategies were employed. Children were individually trained on 4 word lists (5 bi- & multi-syllabic words each) over 12 sessions; baseline A (4 sessions), treatment phase (4 sessions) and a second baseline /maintenance phase (4 sessions) as well as an additional session 3 weeks later to evaluate maintenance. A teaching rather than testing format was used, encouraging A & B to combine strategies (rather than use them in isolation) and self-cue (rather than rely on external cues). B was also encouraged to self-monitor.

Control Group:
No control group

Results:
Both subjects had reduced naming errors on treatment words that were generalised to sentences and maintained in follow up maintenance sessions. Self-assessment done with B indicated increased confidence with retrieval of treatment words. Word set naming skills markedly improved as the treatment (use of three strategies) was introduced. Results were maintained over maintenance phase. Long-term gains were enhanced when subjects were exposed to the words lists over 2 treatment sessions. The two subjects did not show similar effects on non-treatment words, indicating that improvement in word finding is dependent on explicit application of treatment strategies for target words. Generalisation is difficult for WFD.

Comments:

- Multiple baseline design - sensitive to change in subject's performance in response to treatment.
- Difficult to evaluate the impact and success of self-monitoring strategy with B, as not completed with A.
- Treatment may not be useful for all children with WFD (ie those with semantic substitutions, who are not responsive to phonemic cues).

Level of Evidence (NH&MRC): Level IV

Appraised By: Paediatric Language Group
Clinical Group:

Date: May 2005