Material and Resource Review/ Évaluation des ressources

Treatment Protocols for Language Disorders in Children
Volume I: Essential Morphological Skills
Volume II: Social Communication
M.N. Hedge (2006)

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Treatment Protocols for Language Disorders in Children is a two volume set of therapy resource materials. Volume One focuses on teaching morphological skills and Volume Two focuses on conversational and narrative skills. Each volume is divided into sections. In Volume One, the two sections are 1) Functional Words, Phrases and Sentences, and 2) Morphologic Features, which includes such structures as tense markers, prepositions, plural and possessive markers. In Volume Two, the sections are 1) Adjectives, 2) Adverbs, 3) Demands and Commands, 4) Negative Sentence Forms, 5) Passive Sentences, and 6) Conversational Skills, which includes a number of targets such as topic initiation, turn taking, and conversational repair.

In the preface to Volume One, Hedge characterizes language treatment as "a set of scenarios in which the clinician and the client play out their roles" and the protocols provided in the manuals as "scripts they follow to achieve improved patterns of communication" (p. vii). For each therapy target, there is a protocol for establishing a base rate, for teaching the skill and for generalized production. A recording sheet is also provided for each stage. In addition to the paper templates, which can be photocopied, there is an accompanying CD that contains the base rate, treatment and probe recording sheets. In the overview of treatment procedures, Hedge notes that the clinician "presents a stimulus picture or object for both base rate and treatment protocols." However, this resource does not provide these items. The manuals are largely a list of sentences, or for conversational skills, a list of suggested conversational topics. There are also suggested scripts for the speech-language pathologist to use in therapy. The script for training the plural morpheme goes as follows:

Clinician: *This is a dog. These are two dogs. What are these? Say 'two dogs'*

Child: *two dog*

Clinician: *No. That is not correct. What are these? Say 'two dogs'*

Child: *Two dogs.*

Clinician: *Very good! You said two dog**s**, not dog.*

The same script is continued for each structure taught. Under each protocol, treatment moves from imitated to spontaneous productions in these highly structured contexts. It is recommended that the child achieve 10 consecutive correct, non-imitated responses for each exemplar. Thus, when training *two dogs* as an exemplar of the plural morpheme, treatment continues on *two dogs* until child says the phrase 10 times in a row at which time another plural phrase in introduced. When 6-8 phrases have met criterion, training is then moved up to the sentence level. Generalization probes are administered when the child has met criterion at the sentence level. Generalization probes involve untrained exemplars (e.g., *These are two trees)*. When the child reaches 90% accuracy on the generalization probe for a target structure, it is suggested that the speech-language pathologist train a new structure or shift training to the target structure in conversation. However, there are no suggestions on how to move a structure from the prompted sentence level to conversation.

Hedge does cite some research literature in support of his approach but the vast majority of it is over 10 years old. Furthermore, not all of the studies cited are consistent with this approach - a highly structured program, based on behavioural principles taught in an apragmatic drill format. For example, a number of the citations are for articles on milieu teaching. Milieu teaching does incorporate behavioural techniques in its approach but one of its guiding principles is that language is taught through natural conversations, which follow the child's focus of interest (see Hancock & Kaiser, 2006, for a discussion of milieu teaching).

The use of a highly structured, didactic approach to language therapy may be appropriate at times (e.g., depending on the child's learning styles, to introduce a new structure). However, I do not believe that these manuals would be particularly helpful if one wanted to use a clinician directed approach as part of therapy. The range of contexts in which each structure is presented is very narrow. For example, the plural marker is always presented in the context of two items. The preposition *behind* is always presented in the sentence frame *NOUN is behind the NOUN*. Training a language structure in only one context will not teach the child how to use the structure in all its possible contexts. Secondly, as noted above, the manuals consist of a collection of forms with sentences and there is a recommendation that a speech-language pathologist use pictures or objects as support. It is invariably more difficult to gather pictures that provide the appropriate nonverbal support for a target linguistic structure than to write target sentences. A third concern I have is with the scripts for therapy provided in the manual. For many of these, following the script would result in a violation of basic pragmatic rules. For example, the proposed script for teaching auxiliary is is to say "*The girl is writing. What is the girl doing? Say "the*

*girl **is** writing.*" The manual notes that if a child responds "*writing*", this is wrong. However, the pragmatically appropriate response to "*What is the girl doing*" is "*writing*". Providing a complete sentence is not pragmatically appropriate. A fourth weakness in these manuals is that they do not address the challenge of generalization to spontaneous conversation. Structured approaches, such as described here, can be effective at eliciting a language target but functional use in conversation is rarely the result. The protocols presented do not include suggestions for moving from discrete trials to conversation, which is generally the most difficult step when using behavioural approaches. For children who need this type of structure in their language intervention, generalization is often a particular problem. Finally, there are ways to make imitation drills more functional: Acting out the target utterances with objects rather than using pictures as nonverbal support, or using utterances that are connected in a narrative.

I have a number of reservations about these manuals and would not recommend them. In conducting language intervention, it is always important to examine the therapy to determine how it supports functional communication development. There may be times when a highly didactic approach is an appropriate part of language intervention. However, by providing only written sentences without items to provide the necessary nonverbal support and giving scant attention to the issue of generalization to conversation, *Treatment Protocols for Language Disorders in Children* would be of little value for conducting therapy in my opinion.

References

Hancock, T. B., & Kaiser, A. P. (2006). Enhanced Milieu Teaching. In R. J. McCauley & M. E. Fey (Eds.) *Treatment of language disorders in children* (pp. 203-236). Baltimore, MD: Brookes.

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