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An International Comparison of Intervention Practices for Children with Speech Sound Disorder

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Session Code: 5739

Date: Saturday November 19th, 2016

Time: 9:30AM – 10:00AM

Session Format: Oral session – Technical Research (30 minutes)

Location: Room Franklin 5, Marriott Philadelphia Downtown

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Abstract

Two-hundred and seven speech-language pathologists (SLPs) from the US and 335 SLPs from Australia were surveyed about the intervention, service delivery models and intensity of intervention that they provide to children with speech sound disorder. Differences in practices, and implications for evidence-based practice and clinical outcomes are discussed.

Overview of Session

- 1) What do we currently know about intervention practices, service delivery models and intervention intensity for children with speech sound disorder (SSD)?
- 2) Method for conducting the surveys
- 3) Clinical practices used by SLPs in the US and Australia
- 4) Similarities and differences in clinical practice between the countries
- 5) Clinical and research implications

Learner Outcomes

- Describe the clinical practice used by SLPs in the US and Australia when treating childhood SSD
- Identify factors that may influence clinical practice at a local and global level
- Identify possible implications for practice

1) What do we currently know about intervention practices, service delivery models and intervention intensity for children with SSD?

What does the research evidence say?

Think about <u>your own</u> clinical practice and how it compares to the evidence base. What intervention approach do you usually use?
What service delivery model do you usually use?
What intensity of intervention do you provide?

2) Method for conducting the surveys

The first survey was completed by 207 SLPs working in the United States who attended continuing education seminars on treatment for SSDs. These SLPs were from 32 different states in the US. The second survey was conducted online, and was completed by 335 SLPs working in Australia. In both surveys, SLPs were asked general demographic questions (such as years of experience) and were asked to provide information about their current clinical caseload, the intervention approaches that they use with children with SSD, the service delivery models they follow, and the intensity of intervention that they provide. In addition, the survey completed by Australian SLPs asked about target selection practices and about the workplace, client and clinician barriers that SLPs may face when delivering intervention.

3) Clinical practices used by SLPs in the US and Australia	
United States	Australia
Commonly used intervention approaches:	Commonly used intervention approaches:
Commonly used service delivery models:	Commonly used service delivery models:

Intervention intensity:	Intervention intensity:
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4) Similarities and differences in clinical practice between the countries

5) Clinical and research implications

Implications for your own clinical or research practice

Factors influencing practice at a local and global level

Selected references and suggested readings

- 1) Baker, E., & McLeod, S. (2011). Evidence-based practice for children with speech sound disorders: part 1 narrative review. *Language, Speech & Hearing Services in Schools, 42*(2), 102-139.
- 2) Brumbaugh, K. M., & Smit, A. B. (2013). Treating children ages 3-6 who have speech sound disorder: a survey. *Language, Speech and Hearing Services in Schools, 44*(3), 306-319.
- 3) McLeod, S., & Baker, E. (2014). Speech-language pathologists' practices regarding assessment, analysis, target selection, intervention, and service delivery for children with speech sound disorders. *Clinical Linguistics and Phonetics, 28*(7-8), 508-531.
- 4) McLeod, S., McAllister, L., McCormack, J., & Harrison, L. J. (2014). Applying the World Report on Disability to children's communication. *Disability and Rehabilitation, 36*(18), 1518-1528.
- 5) Warren, S. F., Fey, M. E., & Yoder, P. J. (2007). Differential treatment intensity research: A missing link to creating optimally effective communication interventions. *Mental Retardation and Developmental Disabilities Research Reviews, 13*(1), 70-77.