Patient Details

Name [PATIENT_NAME]
Session Date November 22nd 2021, 02:00 pm
Session Type Assessment
Sessions To Date 3
School
Stars This Session 65

Therapist Details

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Location
HCPC #
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Background

[PATIENT_NAME] was referred to speech and language therapy services at Mable Therapy by his Mum. [PATIENT_NAME] was referred due to concerns with his speech intelligibility and the impact of this on his overall development. [PARENT_NAME] initially attended a consultation session where a full case history was taken. During this session, a full assessment was recommended and agreed.

[PATIENT_NAME] was seen today by Specialist Speech and Language Therapist, Bethanie Hancox. The session took place in a quiet room within the family home.

A range of assessment tools were used dynamically today to explore [PATIENT_NAME]'s speech, language and communication skills. [PATIENT_NAME] required some support from his Mum during activities when using the mouse.

Attention and Listening

[PATIENT_NAME] engaged really well during the assessment today. He demonstrated mostly sustained attention throughout a 45 minute session. [PATIENT_NAME] was able to stay quiet, look at the speaker and listen to all of the words. He was able to sit still most of the time but did change positions at times so he could reach the screen. Towards the end of the session, [PATIENT_NAME]'s attention skills did fluctuate but this was age appropriate.

[PATIENT_NAME] was able to focus well during structured tasks and was highly motivated by collecting stars, playing the monster game and making a picture of Peter Rabbit and a farm using GIFs on the Canvas.

⊙ Basic concepts

Description

Understanding basic concepts facilitates following directions, participating in games, locating objects and items in the environment. It is crucial for class work, preliteracy activities and understanding of stories. Children identified may have difficulty with understanding concepts of dimension/size, direction/location/position, number/quantity and equality

Total Correct   **92 %**

Analysis

This sub-test was used to assess [PATIENT_NAME]'s understanding of basic concept words. [PATIENT_NAME] achieved 92% accuracy within this area of development, demonstrating appropriate skills. It is noted here that although [PATIENT_NAME] chose incorrectly for 'under' and 'hard', this may have been due to not fully understanding the picture. Mum feels that [PATIENT_NAME] does understand these concept words usually.

[PATIENT_NAME] was able to understand concepts relating to:

Dimension / size: 'long' and 'tall'

Number / quantity: 'empty' and 'full

Equality: 'same' and 'different'

Temporal: 'before' and 'after'

Sequence: 'first' and 'last'

Attribute: 'fast' and 'cold'

◎ Phonology Assessment
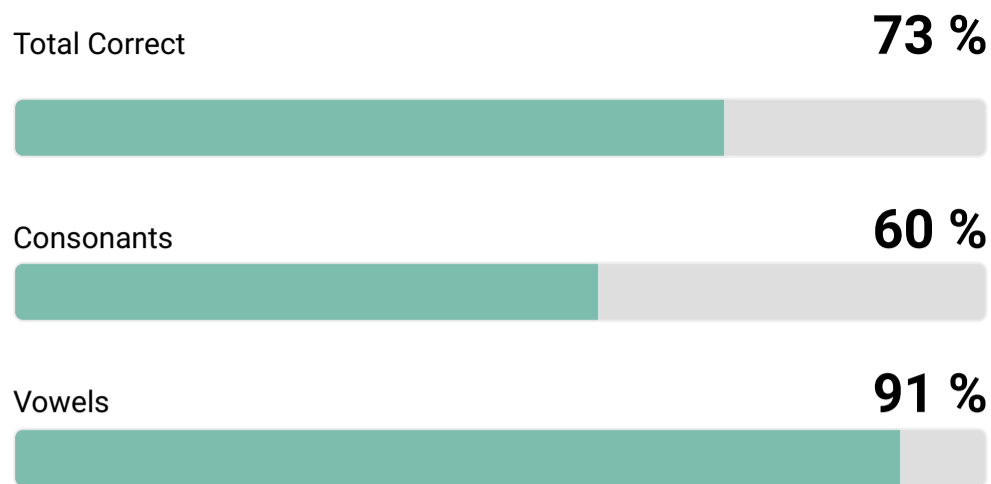
Description

The phonology assessment will measure percentage consonants/vowels correctly produced by [PATIENT_NAME] at word level and any common substitutions and error patterns. It will help to identify and classify any error patterns in the child's speech as age-appropriate, delayed, or atypical.

Total Correct   **73 %**

Consonants   **60 %**

Vowels   **91 %**

Common Errors

Target	Answer	Position	Incidience
r	ø	Medial	4
ə	ø	Medial	3
l	ø	Medial	2
z	ø	Final	2
ɛ	ø	Medial	1
d	æ	Final	1
ʃ	ø	Final	1
k	ø	Medial	1
t	ø	Final	1
k	ø	Final	1
k	g	Initial	1
v	ø	Final	1
g	ø	Final	1
dʒ	ø	Initial	1
f	g	Medial	1
g	ø	Initial	1
h	ø	Initial	1
d	l	Medial	1
ŋ	ø	Final	1
p	b	Initial	1
p	ø	Initial	1
s	ø	Final	1

Analysis

This assessment examined [PATIENT_NAME]'s phoneme production (sound production) in the context of single words. [PATIENT_NAME] was asked to name a picture and his answers were transcribed using the International Phonetic Alphabet for analysis. Any errors, omissions, distortions or speech sound confusions present in [PATIENT_NAME]'s speech can then be highlighted. [PATIENT_NAME] completed the majority of this assessment but some sounds were not assessed at single word level.

[PATIENT_NAME] presents with a phonological delay as some of the errors found in his speech are typically suppressed by a child of [PATIENT_NAME]'s age.[PATIENT_NAME]'s speech delay is characterised by the following phonological processes (patterns that young children use when developing their speech sounds):

[PATIENT_NAME]'s substitutions relating to syllable structure:

- **Cluster Reduction** is the deletion of one or more consonants from a two or three consonant cluster (e.g. "fower" for "flower"). This speech pattern should resolve by the time a child is 4.

- **Final Consonant Deletion** is the deletion of a final consonant sound in a word (e.g. "ri" for "ring"). This speech sound pattern should resolve by the age of 3.

- **Initial Consonant Deletion** is the deletion of the initial consonant sound in a word (e.g. "up" for "cup", "un" for "sun"). This is an unusual pattern that typically indicates the presence of a significant phonological delay. However, [PATIENT_NAME] did not present with use of this process consistently.

- **Syllable Reduction/weak syllable deletion** is the deletion of a syllable from a word containing two or more syllables. The deletion usually occurs in the unstressed syllable (e.g. "nana" for "banana"). This speech pattern should resolve by the time a child is 4.

[PATIENT_NAME] presented with a few persisting phonological processes which adversely impacts his speech intelligibility. At the conversational level, [PATIENT_NAME] exhibited the same persisting phonological processes. [PATIENT_NAME] is able to make his needs known and engage in conversations with others by using other ways to express himself such as use of gesture. Although [PATIENT_NAME] presented as shy at times, he appeared to be a keen communicator.

Conclusion

It was a pleasure to see [PATIENT_NAME] and his Mum this afternoon for his initial speech, language and communication assessment. [PATIENT_NAME] tried incredibly hard throughout the session and worked so well within each task presented to him. He has strengths within his attention and listening skills and ability to understand various linguistic concepts. [PATIENT_NAME] presents with a phonological delay which can impact on his speech intelligibility.

[PATIENT_NAME] would benefit from a block of therapy (8-10 sessions), delivered by a Speech and Language Therapist to initially address the following areas:

- **Phonological awareness** (the ability to recognise and manipulate sounds within words)

- **Minimal pair therapy** - final consonant deletion (to help [PATIENT_NAME] hear that there are consonants on the ends of many words and then help him produce those final consonants)

[PATIENT_NAME] would also benefit from adults within his environment implementing the following strategies:

Speech Sounds

Try to:

- React to what your child says and not how they say it as children often do not realise they have mispronounced a word.

- Repeat what your child says, giving them the correct pronunciation. This will also reassure your child that you have understood them, e.g. "look a fis", "that's right it's a fish"

- Encourage your child to look and listen to you when you are talking to them.

Try not to:

- Ask your child to keep repeating a word as this will cause them to become frustrated.

- Ask your child to say it properly as they think they are.

- Pretend you have understood what your child is saying. Ask them to show you, encouraging them to point or gesture.

- Do not constantly correct [PATIENT_NAME] or tell him he is saying words wrongly. This implies criticism and may put him off talking to you. For example, if [PATIENT_NAME] says "bo", you should not say "No, it's a box." This is likely to lead to confusion and a feeling of rejection. If you say "Yes, it's a box.", you will have approved of [PATIENT_NAME]'s attempt to say the word whilst also implanting the correct version into [PATIENT_NAME]'s perception/subconscious.

Phonological Awareness

- Practise clapping out syllables of familiar words. For example,

  'cat' = 1 clap, 'mu–mmy' = 2 claps, 'bu–tter–fly' = 3 claps, 'ca–ter–pil–lar' = 4 claps.

- Clap names of objects from a bag and children's names at register time. Use physical prompt to support.

- For a reluctant child, try using a teddy who cannot clap the words correctly. Get the child to "help" teddy get it right by holding his paws.

- Segmenting words in this way draws attention to the individual sounds within a word, which is helpful for both speech and future spelling skills.

Further actions:

- [PATIENT_NAME] to attend his NHS Speech and Language Therapy assessment once this comes through

- [PATIENT_NAME] to attend Audiology appointment to establish hearing abilities to date

Should you have any queries or questions, please do not hesitate to contact me via email - **bethanie@mabletherapy.com**

Kind regards

Bethanie Hancox

Speech and Language Therapist BSc (Hons)

Speech and Language Therapy, Cert HCPC, MRCSLT