

Treatment plans

The following treatment plans show a typical progression of therapy for a child with developmental verbal dyspraxia:

Stage 1

- Establish a full range of vowels, at single sound level
- Establish a basic range of consonants /p b m t d n k g f s h w j/, at single sound level
- Monitor voice/resonance
- Work on basic pitch, volume and length control
- Establish a range of CV words using the single consonants and vowels the child can produce
- As new sounds are learned, incorporate them into CV words
- Begin sequencing single sounds and CV words

Stage 2

- Consolidate vowels, basic consonants and CV syllables/words, by sequencing
- Elicit next 2/3 consonants (probably /l ʃ ŋ/)
- Establish CVCV words with full range of vowels and easier consonants
- Establish CVC words with full range of vowels and easier consonants
- Incorporate new sounds, once established at single sound level
- Consolidate basic pitch, volume and length control
- Monitor vocal tone, pitch, resonance at CV, CVCV and CVC levels
- Monitor lip, jaw, and tongue postures, and airstream at CV, CVCV and CVC levels

Stage 3

- Establish later sounds (probably /tʃ dʒ v z/)
- Increase speed of sequencing and retrieval of CV, CVCV and CVC words
- Consolidate CVCV and CVC words with current range of sounds, and incorporate new sounds and wider vocabulary
- Practise 2/3 word phrases, using CV, CVCV and CVC words only
- Introduce first multisyllabics
- Introduce first clusters
- Extend prosodics to practise simple intonation patterns at phrase level
- Monitor vocal tone/resonance and articulation, as above

Stage 4

- Establish acceptable articulation of last consonants /r θ ð/, and phonological contrasts at single sound and word level
- Establish a wide range of multisyllabics and words with consonant clusters
- Establish consistent and accurate production for a range of phrase and sentence level tasks, including articulation of grammatical words and word joining strategies
- Extend control of voice and intonation, to include changing focus and shouting
- Establish strategies for learning new words
- Establish strategies for maximising intelligibility: pacing, monitoring, communication skills

Treatment records

Treatment record forms are included, to facilitate planning of treatment and recording of progress. The treatment records highlight key skills, and common problems, at each level of syllable structure. For treatment strategies, see Chapter 5: Therapy. Boxes can be shaded as targets are achieved.

Oro-motor skills

The oro-motor record charts the development of non-speech and speech skills for each structure (lips/jaw, tongue, palate, respiration/voice), including the acquisition of basic articulatory features.

Single sounds

Consonants and vowels are listed, as well as key contrasts, which need to be established in order to develop the phonological system. These can also be practised, later, as sequences, in order to develop motor planning skills. Sounds are grouped according to articulatory features.

CV syllables/words

Consonants and vowels are listed, and can be checked off as they are incorporated into CV syllables. Key contrasts are also listed.

CVCV words

The most common difficulty at this level involves sequences of consonants with different place, manner or voice, within words. Consonant sequences are listed, according to articulatory features (e.g. labial-alveolar, plosive/nasal). Fricatives, liquids, glides and affricates are listed separately, and can be checked off once they are included at this level. Vowels are grouped as long, short or diphthong. Present tense verbs with -ing are also recorded at this level. Acquisition of a wider vocabulary of CVCV words can be recorded, along with the child's ability to imitate unfamiliar structures (motor programming).