PROMPT: What is it? How does it work?
Minnesota Speech-Language Hearing Association
April 12th, 2014

OBJECTIVES
* Define PROMPT
* Describe Basic Concepts of the Conceptual Framework
* Understand Evidence Based Research
* Understand PROMPT Assessment
* Recognize 3 Uses of PROMPT in Treatment

My Story
* Practicing since 1996
* Took First PROMPT Course in 2003
* Took Bridging in 2005
* Became a PROMPT Instructor in 2008
* My Catalyst: BEN
* Collaborated with Deborah Hayden
History of Treatment Since 2 years of age

Initial Testing 2002: PLS-3 Auditory Comprehension: SS 109, PR 73; Expressive Communication: SS 71, PR 3; Limited Verbal Output “eh”, “ba”

DX: Severe Apraxia, Expressive Language Delay, Hx of Bacterial Meningitis at 4 Months

Strengths: Cognitive-Linguistic & Social Emotional

Weaknesses: Physical-Sensory

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Final Testing: PLS-3 Auditory Comprehension: SS 120, PR 91, Expressive Communication: 115 PR 84, GFTA2: SS 95 PR 32

Outcome: Normalized Speech Production, Above Average Receptive and Expressive Language Skills

Parental Perspective

Current Status: 14 Years of Age; High Performer, Leader, Succeeding Academically, Socially and Physically

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What is PROMPT?

PROMPTS for Restructuring Oral Muscular Phonetic Targets

* PROMPT helps meet the individual needs of each client and facilitates optimal functional communication outcomes.

* It is a philosophy, approach, system, and technique.
To achieve the best outcome with PROMPT, it should NOT be thought of or used mainly to facilitate oral-motor skills, produce individual sounds/phonemes or as an articulation program.

PROMPT should be thought of as a program to develop motor skill in the development of language for interaction.

What is PROMPT?

It is a multidimensional approach to speech production disorders which embraces not only the well-known physical-sensory aspects of motor performance, but also its cognitive-linguistic and social-emotional aspects.

PROMPT Conceptual Framework

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Research

Cortical Thickness in Children Receiving Intensive Therapy for Idiopathic Apraxia of Speech
August 2013

Darren S. Kadis, Debra Goshulak, Aravind Namasingam, Margit Pukonen, Robert Kroll, Luc F. De Nil, Elizabeth W. Pang, Jason P. Lerch


Research

- Investigated possible cortical thickness correlates of idiopathic apraxia of speech in children, and changes associated with participation in an 8-week block of PROMPT therapy.

- Children with idiopathic apraxia (n = 11), aged 3-6 years, had significantly thicker left supramarginal gyrus than a group of typically-developing age-matched controls.

- Children with apraxia experienced significant thinning of the left posterior superior temporal gyrus (canonical Wernicke’s area).

- This is the first study to demonstrate experience-dependent structural plasticity in children receiving therapy for speech sound disorders.

Research

Relationship Between Speech Motor Control and Speech Intelligibility in Children with Speech Sound Disorders
February 2013

Aravind Namasingam, Margit Pukonen, Deborah Goshulak, Vicki Y. Yu, Darren S. Kadis, Robert Kroll, Elizabeth W. Pang, Luc F. De Nil
research

Investigated the impact of speech motor issues on the speech intelligibility level of children with moderate to severe sound disorders (SSD) who receive PROMPT intervention.

The word-level Children's Speech Intelligibility Measure (CSIM) and the sentence level Beginner's Intelligibility Test (BIT) and tests of speech motor control (VMPAC) and articulation (GFTA-2) were administered (n=12 ages 3:11 to 6:7) before and after PROMPT treatment was provided for 45 min 2x/wk for 8 weeks. 24 naïve adult listeners judged the intelligibility.

Speech intelligibility at both the word and sentence level was significantly correlated with speech motor control, but not articulatory proficiency.


PROMPT Assessment

- Consists of informal observation measure: Systems Analysis Observation (SAO)
- Relies on movement observations at the single word and spontaneous speech level
- Observations are beyond the acoustic equivalent
- Results of the SAO are input into the Motor Speech Hierarchy (MSH)
- Three priorities are determined on the MSH

Global Domain Analysis is Always Completed
- When Using the SAO and MSH the Physical-Sensory Domain is being Assessed
- Cognitive-Linguistic and Social-Emotional Domains are Equally Important
- Communication May be Disrupted by a Breakdown in Any or All Three Domains
- Standardized tests as well as other professionals (e.g., OT, PT, MD) are also utilized in Assessment
Based on the Global Domain Analysis treatment priorities and goals are developed. To strengthen the weakest domain all domains must be reintegrated and restructuring should alternate focus among all domains. No communication intervention can produce permanent change without involving all domains. The Ultimate Goal: Creation of a State of Equilibrium Across Domains to the Highest Level Attainable.

PROMPT Treatment

- Technique is One Aspect of PROMPT

**Four Levels of PROMPT**
- Parameter PROMPTs
- Surface PROMPTs
- Complex PROMPTs
- Surface PROMPTs
Three Uses of PROMPT

1) To Develop an Interactive Focus/Awareness for Oral Communication
2) To Develop Integrated, Multi-Sensory (Tactile-Kinesthetic) Associated Mapping for Cognitive or Linguistic Concepts
3) To Develop, Balance or Restructure Speech Sub Systems at the Sound, Word, or Phrase Level

PROMPT Conceptual Framework

Case Study

Jalen 7
DX: Sotos Syndrome, Receptive/Expressive Language Disorder, Motor Speech Disorder, Bilateral Mild High Frequency Hearing Loss
Initial Assessment: GFTA-2 SS 80, PR 11; EOWPVT SS 67, PR 1; CELF-4 CORE Language SS 75 PR 5
Global Domain Analysis: Strengths in Cognitive-Linguistic Domain, Significant Deficits in Social-Emotional and Physical Sensory Domains
Case Study

Jalen's Targets:
* Improve Social Communication, Referencing, Co-Regulation, and Reciprocation
* Attach Meaning in the Cognitive-Linguistic Domain to Functional Social Interactions
* Use PROMPT to Develop an Interactive Focus/Awareness for Oral Communication

Case Study

Janine 4
DX: Cri Du Chat Syndrome, Receptive/Expressive Language Disorder, Motor Speech Disorder, Unilateral Hearing Loss (left)
Initial Assessment: ROWPVT SS <55 PR <1, Non-Verbal
Global Domain Analysis: Strengths in Social-Emotional Domain, Severe Deficits in Physical Sensory and Cognitive-Linguistic Domains

Case Study

Janine's Targets:
* Improve Communication by Establishing Phonatory Control and Mandibular Control
* Develop the Ability to Use Communication to Request and Gain Attention
* Support Understanding of Basic Concepts
* Use PROMPT to Develop, Balance or Restructure Speech Sub System at the Sound and Word Level and Associative Mapping For Cognitive-Linguistic Concepts
Case Study

Henry 4
DX: Motor Speech Disorder
Initial Assessment: CELF-P2 CORE Language SS 90 PR 25; GFTA-2 SS 78 PR 11
Global Domain Analysis: Strengths in Cognitive-Linguistic and Social Emotional Domain, Moderate Impairments in Physical Sensory Domain

Case Study

Henry's Targets:
- Improve Motor Speech by Improving Labial-Facial, Lingual and Mandibular Control
- Improve Rounding/Retraction, Mid-line Jaw Control and Mid-Back Tongue Movements
- Use PROMPT to Develop, Balance or Restructure Speech Sub System at the Sound, Word and Sentence Level

Thanks For Having Me!

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