

Sound Start Study: A community-based randomised controlled trial of Phoneme Factory Sound Sorter

Yvonne Wren, Sharynne McLeod, Elise Baker, Jane McCormack, Sue Roulstone, Kathryn Crowe, and Sarah Masso



Royal College of Speech and Language Therapists Conference – Glasgow, UK – September, 2017



Australian Government

Australian Research Council

Sound Start Team

Professor Sharynne McLeod, Dr Elise Baker, Associate Professor Jane McCormack, Professor Susan Roulstone, Dr Yvonne Wren, Dr Kathryn Crowe, Sarah Masso

Acknowledgments

Dr Paul White, Tamara Cumming, Charlotte Howland, Felicity McKellar, Patrick Howard, Julian Milthorpe, Jessica Gibson, Samantha Youn

The Sound Start Study Team would like to thank all the children, families, teachers, teaching assistants, and preschools who participated (and a special thanks to those who gave permission for their photographs to be used in our presentations)





Bristol Speech and Language Therapy Research Unit



University of the West of England



Australian Government

Australian Research Council

Project Funding

This research was supported under Australian Research Council's Discovery Projects funding scheme (project number DP130102545) in conjunction with Charles Sturt University, The University of Sydney, The University of the West of England, and the New South Wales Department of Education and Communities. Sarah Masso received an Australian Postgraduate Award





Bristol Speech and Language Therapy Research Unit



University of the West of England



Sharynne McLeod, Elise Baker*, Jane McCormack**, Kathryn Crowe, and Sarah Masso

- Financial Relationship: Received salary from Charles Sturt University/*The University of Sydney/**University of Sheffield during the project
- Non-financial Relationship: None

Yvonne Wren and Sue Roulstone

- Financial Relationship: Co-authors of Phoneme Factory Sound Sorter (PFSS) and benefit financially from royalty payments from the sale of this product by STASS publications; received salary from the University of the West of England/University of Bristol during the project
- Non-financial Relationship: None



Sound Start Study on Twitter

Follow **#SoundStartRCT** for updates about the Sound Start Study RCT conducted in Sydney, Australia csu.edu.au/research/sound... **#slpeeps #RCT**



http://www.csu.edu.au/research/sound-start @yvonnewren @SharynneMcLeod





Background

- Early competency in speech, language, and pre-literacy impacts children's communicative, social, and academic outcomes (Anthony et al., 2011; Lewis et al., 2011; Peterson et al., 2009)
- If speech sound disorders (SSD) persist into the school years between 30% to 77% of these children are likely to have reading difficulties (Anthony et al., 2011)
- Collaborative support between education and SLT is important to promote at risk preschool children's speech and pre-literacy skills



Computer intervention for SSD

- Computerized support for children with speech sound disorders is an efficient, engaging and effective strategy for targeting communication goals (Shriberg et al., 1990; Wren, Roulstone & Williams, 2010)
- Wren and Roulstone (2008) found that children with SSD improved speech production skills given 8-hours of support from a computer-based program in a small-scale project with SLT support

Can computer supported intervention for SSD be <u>delivered</u> <u>effectively</u> by educators with minimal SLT support?



3 year cluster randomized controlled trial designed to evaluate the **effectiveness of a computer-based service** (Phoneme Factory Sound Sorter; PFSS) compared with typical classroom practices in supporting speech and pre-literacy development for Australian preschoolers with SSD.

The study aimed to determine whether PFSS improves

- speech production accuracy
- emergent literacy and phonological awareness
- underlying phonological processing skills
- children's participation and wellbeing



Ethical approval

- Institutional approval
 - Charles Sturt University
 Ethics approval number 2013/070
 - NSW Department of Education SERAP Ethics approvelocity 2013267
- Preschools' consent
 - Approval from each preschool, director, and teaching
- Parents' consent
 - Including parent consent to link to teacher screening information
- Children's assent





- 77 early childhood centres in Sydney, Australia were invited to participate
 - represented the range of socioeconomic areas based on Index of Relative Socio-economic Advantage and Disadvantage (Australian Bureau of Statistics, 2011)
- 45 agreed to participate
 - 1,920 4- to 5-year-olds were enrolled at the participating centres





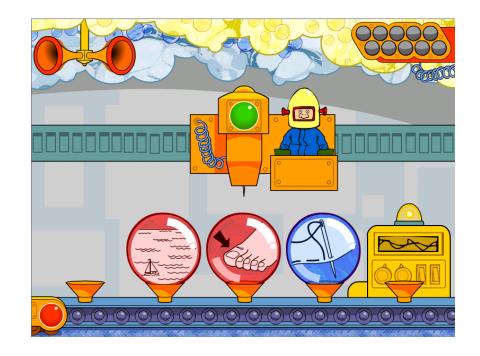
- **Stage 1** Screening to identify concern: 1,205 children
- Stage 2 Direct screening assessment: 275 children
- Stage 3 Direct comprehensive assessment: 132 children
- Stage 4 Randomized trial: 123 children (3 children withdrew)
 - Computer-based intervention: 65 children (63)
 - Control (typical classroom practice): 58 children (57)
- Stage 5 Follow-up assessment (immediate): 114 children
- Stage 6 Follow-up assessment (6-8 weeks): 115 children



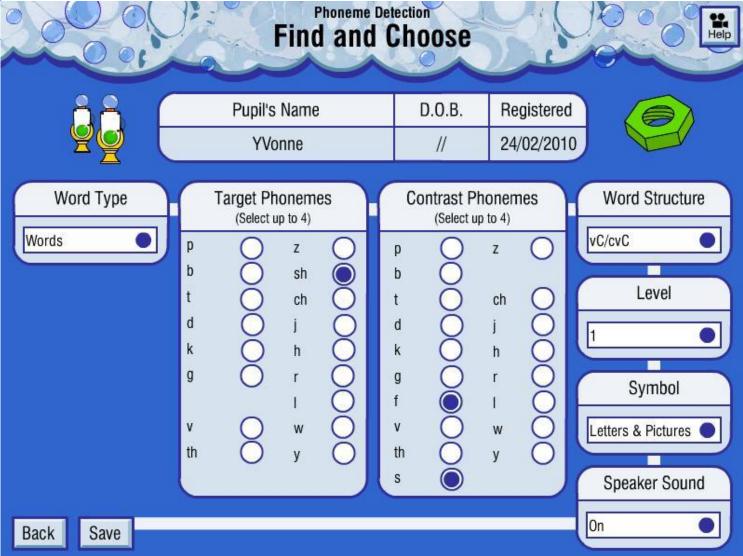
Intervention Phoneme Factory Sound Sorter

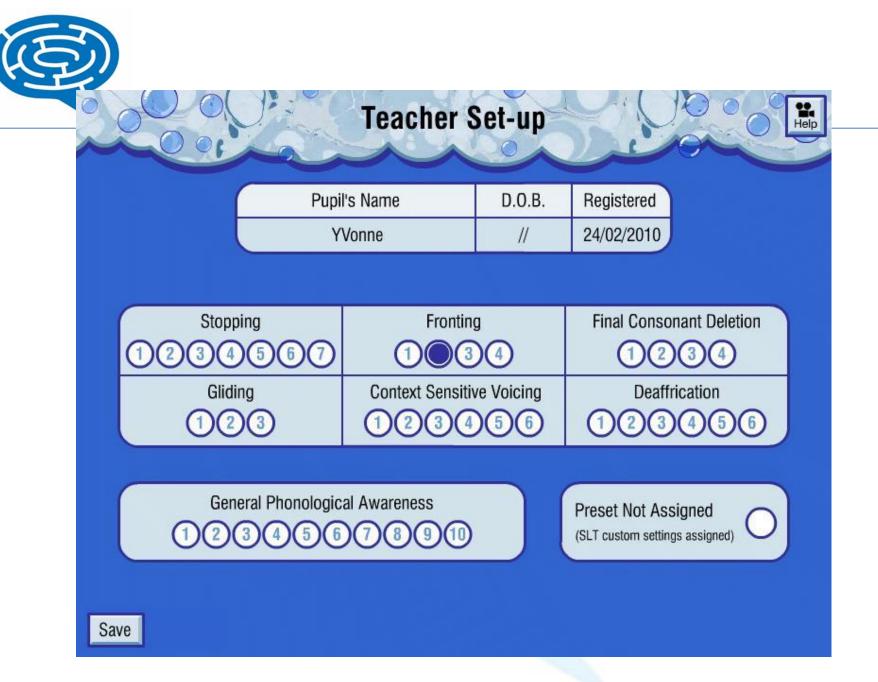
(Wren & Roulstone, 2006)

- Uses a psycholinguistic approach for children with SSD
- Targets speech input NOT speech output
- Perceptual tasks
 - Sound symbol familiarisation
 - Phoneme detection
 - Phoneme blending
 - Minimal pairs
 - Rhyme awareness













Australian adaptation

- Australian voices
- 4 x speakers
- a few changes in pictures and vocabulary
- cluster reduction
- option for automatic progression in preset settings

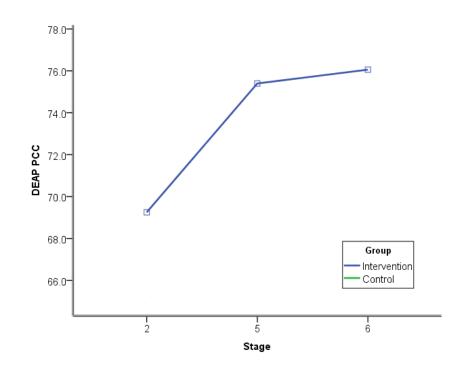
Undertaken over 9 weeks with support from educators then 2 stages of post-intervention follow-

up

Wren, Y. & Roulstone, S. (2013). Phoneme Factory Sound Sorter (version 2, Australian adaptation) [Computer software]. Bristol, UK: Bristol Speech and Language Therapy Research Unit.



Results: Speech (PCC)



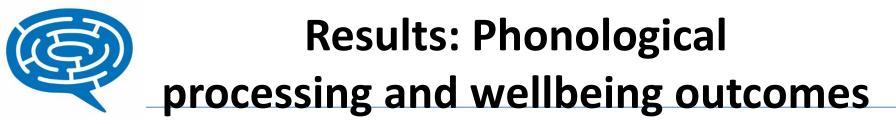
- Statistically significant improvement between Stages for the intervention group AND the control group
- When Mean PCC was adjusted for baseline levels, there was no statistically significant interaction between Group
- No statistically significant interaction between Group and Stage



Results: Speech and pre-literacy outcomes

Speech	Difference between Stages?	Interaction between Stage and Group?	Pre-literacy	Difference between Stages?	Interaction between Stage and Group?	
PCC	* * *	-	Letter knowledge	* * *	-	
Probes (% occurrence of targeted phonological processes)	* * *	-	Print	* * *	_	
			awareness			
			Elision	* * *	-	
Intelligibility	**	-	Blending	* * *	-	
			words			
*** p<.001, ** p<.	.01, * <i>p</i> <.05, - not	significant	Sound matching	-	-	

*** *p*<.001, ** *p*<.01, * *p*<.05, - not significant



Phonological processing	Difference between Stages?	Interaction between Stage and Group?	Wellbeing	Difference between Stages?	Interaction between Stage and Group?
Memory for digits	* * *	-	FOCUS	-	-
			KiddyCAT	* * *	-
Nonword repetition	* *	-	SPAA-C 😊	-	-
Rapid colour naming	-	-			
Rapid object naming	_	-		0.4 * 0.5	

*** *p*<.001, ** *p*<.01, * *p*<.05, - not significant



Results: Summary

- Generally, the speech and pre-literacy skills of the children in the intervention condition significantly improved from baseline (stages 2 and 3) to immediate post-intervention (stage 5) and 6-8 weeks post intervention (stage 6)
- However, generally, their improvement was not significantly different from the children within the control group
- Their average **improvement was not clinically significant**
 - Speech, emergent literacy, and phonological processing difficulties were still apparent post-intervention



Results: Summary

These results were similar for the intention-totreat data per protocol data

- subgroup of participants in the Intervention group who received an acceptable dosage of PFSS
- subgroup of participants in the Intervention and Control groups who did not receive any additional speechlanguage pathology intervention over the course of the study

Possible reasons why the intervention effects were not significant

- 1. The intervention was delivered by educators
- 2. The intervention used teacher settings
- 3. The intervention was input-based
 - cf. Rvachew and Brosseau-Lapré (2015) RCT
- 4. Dosage varied from one child to another, and in contrast to that recommended in the protocol
- 5. The intervention was time-based i.e., 9 week block rather than performance-based
- 6. Individual variation



Implementation

Intervention agent and reported dosage

	Optimum dose	Computer reported dose <i>M</i> (range)
Days	N/A (approx 18)	15.46 (1-28)
Games	36 (27-45)	31.41 (4-44)
Plays	144 (108-180)	105.72 (4-160)

Intervention agent

Educator

Dosage

39 of the 63
Intervention
participants (61.9%)
received at least 70%
of the intended
intervention

Note. Data based on 61 children (2 were missing ECE and/or computer records every week)



Condition: INTERVENTION	PCC			1	ccurrenc targetec logical p	
	Pre	Post-1	Post-2	Pre	Post-1	Post-2
Child #984	66%	70%	76%	75%	0%	0%
Child #1174	59%	83%	84%	94%	6%	0%
Child #424	67%	71%	74%	100%	100%	88%
Child #742	62%	63%	60%	100%	88%	94%



Individual variation: Control group

Condition: CONTROL	PCC			1	ccurrenc targetec logical p	
	Pre	Post-1	Post-2	Pre	Post-1	Post-2
Child #465	46%	55%	61%	94%	6%	19%
Child #404	66%	76%	79%	80%	69%	31%
Child #1155	58%	62%	63%	94%	100%	100%
Child #657	75%	76%	72%	100%	100%	100%



Limitations

Although we used a variety of outcome measures speech perception measures were not included.

- Did PFSS improve the quality of the children's acoustic-perceptual representations for speech?
- PFSS was implemented by different educators from different early childhood centres
 - We were attempting to undertake a real-world study
- Not all participants received the recommended intensity

We attempted to screen out children with articulation difficulties, but some may have had articulation + phonology difficulties



Where does this leave us?

Is PFSS effective?

- With SLT support?
- With educator support?

Does the consultative model of intervention for SSD work?

- Don't know this tested one approach, others might work differently
- What does the 'individual variation' show us?
 - Single cases useful exploratory work but low strength evidence



Where does this leave us?

- Careful examination of research findings to understand the implications for practice
- Need to examine interventions thoroughly using robust methods but in real life settings
- The Sound Start research design could be replicated for other interventions



Future directions

Current evidence reporting effective interventions for children with SSD involves:

 Speech production practice of carefully selected targets (+/input) implemented by SLP using a variety of instructional cues and feedback (Baker & McLeod, 2011)

To close the gap between supply and demand for intervention by using non-SLPs we need to use effective interventions suited to children's needs, and adopt empirically-supported training strategies that demonstrate clinically significant outcomes.



For further information about the Sound Start Study contact

Professor Sharynne McLeod

smcleod@csu.edu.au

http://www.csu.edu.au/research/sound-start

OR

Dr Yvonne Wren

Yvonne.wren@Bristol.ac.uk

https://www.nbt.nhs.uk/bristol-speech-language-therapy-research-unit/





Sound Start Study on Twitter

Follow **#SoundStartRCT** for updates about the Sound Start Study RCT conducted in Sydney, Australia csu.edu.au/research/sound... **#slpeeps #RCT**

@yvonnewren

@SharynneMcLeod





Instruments

Stage	Measure	Participant
1	Parents Evaluation of Developmental Status (PEDS) Centre demographics	Parents / ECEs
		ECEs
2	DEAP; PTONI; PLS-5; OMA; audiometry Case history & FOCUS AusTOMS & ICS	Child Parent SLP
3	Phon probes; POP; CTOPP; Print awareness; PPVT-4; SPAA-C; Kiddy-CAT	Child
4	INTERVENTION	
5	DEAP; Phon probes; POP; PPVT-4; CTOPP; SPAA-C; Kiddy-CAT ICS & FOCUS AusTOMS; ICS; FOCUS	Child Parent SLP
6	As for stage 5	