



NSW Speech Pathology Evidence Based Practice Interest Group

Critically Appraised Paper (CAP)

CLINICAL BOTTOM LINE: 1. An integrated phonological awareness intervention approach can have a significant effect on improving phoneme awareness, speech production, reading accuracy and reading comprehension skills of children with SLI (spoken language impairment). 2. The involvement of speech pathologists in phonological awareness intervention is effective and efficient for promoting literacy development.

Clinical Question [patient/problem, intervention, (comparison), outcome]: What therapy is most effective for children with spoken language impairments to enhance literacy development?

Search Terms: phonological awareness, intervention, spoken language impairment

Search Systems: CINAHL

Citation: Gillon, G.T. (2000). The Efficacy of Phonological Awareness Intervention for children with Spoken Language Impairment. *Language Speech and Hearing Services in Schools*. 31:126-141

Design: Complex Cohort Study

Participants: n=91 New Zealand Children between the age of 5:6-7:6 with general New Zealand English, no hearing, visual or neurologic disorders. Normal cognitive abilities and a standard score above 80 for nonverbal intelligence

Experimental Group: n=23 with spoken language impairment and delayed expressive phonology. No receptive language difficulties.

Control Group: Traditional control n=23, minimal control n=15, normal speech and language with average literacy skills n=30

Results: 1. SLI kids who received Phonological Awareness (PA) intervention significantly showed more improvement in their PA at the phonemic level as compared to traditional and minimal intervention groups. 2. SLI+PA intervention showed a significant improvement than the other groups in the word decoding skills and comprehension skills. 3. PA Intervention also improved the children's spontaneous articulation.

Comments on Design: 1. The influence of clinician-child interaction and environmental conditions were not controlled. 2. Spoken language impairment was not defined properly. It is hard to reproduce study. 3. Intensive therapy provided –not always realistic for clinicians.

Level of Evidence (NH&MRC): III (2)

Appraised By: Paediatric Language Group

Date: July 2003

NOV 2002