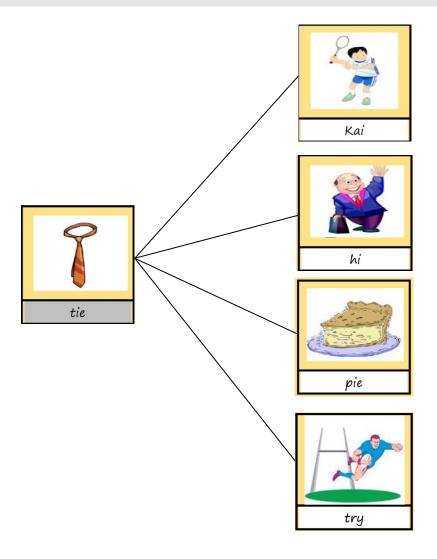
Multiple Oppositions Therapy Guide



This guide is a brief introduction to **multiple oppositions** intervention. This guide is quite limited in its scope. For a more in depth and comprehensive description of multiple oppositions therapy, please consult Lynn William's **SCIP**, *Sound Contrasts in Phonology*. Evidence Based Treatment Program.

Multiple Oppositions

Multiple oppositions is a linguistic method of speech therapy that is highly useful as an intervention for students with moderate to severe phonological disorder. It is based on a contrastive model of speech therapy and is similar in nature to minimal pairs therapy.

In minimal pairs treatment, one target sound is contrasted with an error sound or deletion For example, /s/ - /t/, or *sun* becomes *tun*. In minimal pairs therapy, contrastive word pair cards are created to train the child the contrast sound to /s/. Some simple examples are shown below. In our example, the phoneme /s/ is substituted by /t/. So the child may incorrectly produce 'I feel tick,' for 'I feel sick.'

sick - tick see - tea sore - tore

Children who present with significant speech errors may substitute several or many sounds with a single sound. This is known as a *phoneme collapse*. For example, the sounds /k p h tr/ may all be substituted by /t/. We describe this as a 1-4 phoneme collapse, where 4 phonemes are substituted by a *single* phoneme, the phoneme /t/. If a child with this particular phoneme collapse attempted to say, 'My cat likes to purr when he's happy,' this sentence may be produced as, 'My tat ti to turr when he tatty.'

The multiple oppositions approach to speech therapy targets up to 4 targets from a child's phoneme collapse, which will be contrasted with the child's error substitute. As in our previous example, the substitute /t/ phoneme is here contrasted with the phonemes /k p h tr (cluster)/. We have targeted 4 separate vowel/consonant combinations.

tie - Kai, pie, hi, try

tea - key, pea he tree

tar - car, par, ha, trar

tap - cap, pap, hap, trap

Note that some of the target sounds are not real words and are referred to as *non-words*. Non-words can be as effective as real words in speech therapy. We are not teaching content with the therapy cards but targeting *specific sounds*.

Prior to beginning speech therapy, the clinician will make a series of cards. The cards will come in groups of five where the sound substitute card will be in a *gray* text box, whereas the 4 target sounds will be in *white* text boxes. The series of five words will also be of a particular colour. For our *tie* – *Kai, pie, hi try* example the cards are presented in light yellow. Colour coding the cards is a handy means of grouping the card sets. Colour coding becomes important when up to 60 cards are mixed on a table and you want to quickly separate the cards into their proper groups.

Note that the words, as arranged on the rating progress chart, follow the same colour code to assist you in writing the correct data on the data sheet.

Multiple Oppositions Data Sheet

Name: Tom		Term	Ferm: 3/4					
Goal/Target: t - k p h tr Clinician: David								
Contrast Set 1	Date	Date	Date	Date	Date			
tie 🔵								
Kai 🔵								
pie 🔵								
hi 🔵								
try								

Multiple Opposition Card Creation

A feature of the **multiple oppositions** therapy model is that each child's unique presentation of speech errors is taken into account during the assessment phase. To address your child's unique speech errors, it is important to construct a series of contrastive words and non-words that cater to and are specific for your child.

Card Creation

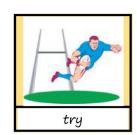
The following cards are examples of what can be created for a specific sound set. The images were downloaded from **clipart** and the card borders were easily made using the textbox feature on Microsoft word. Note that light yellow has been added to each picture box border to aid identification of the word set.











Word Selection

It is important to select words that contrast with the substituted word. In our example above the child substitutes the /t/ phoneme for the phonemes / k h p tr/. In this instance the /ei/ vowel was selected. In our example we were able to find three contrastive words that fit with *tie* and added a name, *Kai*. For other words we will occasionally need to revert to non-words and create a picture that will match with the non-word. You can invent a name for a person or invent a name for a monster, etc. A range of minimal pair contrastive words can be found on Caroline Bowen's website. Just do a google search and enter *Caroline Bowen, minimal pairs, word lists*.

Multiple Oppositions Therapy

Familiarization Training

Multiple oppositions is similar in principle to minimal pairs therapy. As in minimal pairs, it is important to familiarize your child to the sequence of activities.

Step 1: The parent/clinician sits at a table with the child. It is best to arrange seating so that the child is at eye level. The clinician arranges the five cards on the table and point to each in turn and begins with... 'This is a **tie**, this is a boy whose name is **Kai**, this man is waving **hi**, this is a piece of **pie**, and this is a man scoring a **try**.'

Step 2: *Listen and Pick Up.* The clinician spreads out the pictures of the word set on the table and says, 'Pick up the picture of the **tie**, pick up the picture of the **pie**,' etc. Feedback is provided if the child picks up the wrong card. For instance, 'You picked' up the **Kai** card, not the **tie** card. Listen again, the word is **Kai**, which starts with /k/. '

Step 3: During this step, the child has an opportunity to be the teacher. The child arranges the cards in front of the clinician and the child prompts the clinician to pick up each card individually. The child is instructed to say, 'Pick up tie, Kai, hi, pie, try.' The child is likely to articulate each word as tie causing semantic confusion.

The role of the clinician at this point is important. If the child instructs the clinician to pick up the **pie** card but articulates '*tie*' the clinician needs to feign confusion and then provide *specific* feedback. The role of the clinician is to *challenge* the child to recognise that they have made an error. 'Oh, you said tie, did you mean pie? Try saying that word again, pie.' If the child continues to produce tie for pie provide feedback as necessary. 'Oh, I think you meant to say pie. Pie has the /p/ sound. Can you do the /p/ sound. I'll do the /p/ sound first and then you try,' etc. Continue this sequence for all the other yellow cards in the set.

Word Imitation and Spontaneous Production Training

At this level, your child is instructed to imitate the five words in the card set. The clinician provides focused feedback as necessary. **The sequence is as follows:**

The child sits across from the clinician at a table, preferably at the same eye level as the clinician.

- 'Alright Tom, today we're going to work on some words that have 4 different sounds. They are the same sounds we previously worked on. Are you ready?'
- Hold the tie card beside your face so that your child can see it clearly. Model the word and emphasize the first phoneme in tie, so 'tie.' Contrast tie with the first of the contrast cards, Kai. Say and clearly articulate 'tie' and then 'Kai' in quick succession.
- Your child then imitates the two contrasting sounds. Say, 'Your turn,' and present the two contrastive cards. Praise your child's attempt and provide feedback as necessary. If your child simply produces tie for Kai feign semantic confusion and ask your child to repeat the word, Kai, with 'That didn't sound quite right. Try the word again. Say Kai.'

Use the cued articulation sign for /k/ or a similar cueing strategy to emphasize the /k/ sound. If your child continues to have difficulty producing the word **Kai**, say, 'Great try. I can see you're thinking about it and are really trying to make the right sound. We'll move on to the next word, and might come back to that word later.'

 Once again, hold the tie card beside your face and go through the same sequence as before, this time contrasting the tie card with the pie card. Work through the same sequence for all the cards and then repeat the same procedure again for all the cards. Remember that each of the contrast cards are to be *contrasted* with the **tie** card.

• Repeat the same process outlined in the familiarization and imitation training sections using all the card sets, which would have been made for this particular example. There would be 4 sets of 5, 20 cards in total for this particular phoneme collapse. Note that the initial phoneme remains the same in all sets, the vowels change though.

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tie - Kai, pie, hi, try
tea - key, pea he tree
tar - car, par, ha, trar
tap - cap, pap, hap, trap
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- Lynn Williams recommends that a child should not advance to the next level (spontaneous production) until he/she has achieved consistent 70% accuracy criterion across two treatment sessions.
- Once your child can accurately produce all the sounds across a rule set to a 70% criterion following your model, probe whether your child can produce the words *spontaneously*. Assemble the therapy cards and ask your child to name the cards independently. Do not provide a model at this point. If your child makes an error with any of the cards, produce a puzzled expression. Remain silent. Wait to see if your child can notice the semantic confusion error and correct it independently.

Rating Your Child's Progress

The multiple opposition progress rating sheet is a vital means of rating your child's progress as they work on the therapy cards and learn new speech sounds.

Multiple Oppositions Rating Progress

Name: Tom		Term	n: 3/4		
Goal/Target: t - k	cphtr	Clini	cian : David		
Contrast Set 1	Date 09/08	Date 11/08	Date 15/08	Date	Date
tie 🔵					
Kai 🔵			+ -		
pie 🔵	- -	- +	++		
hi 🔵	- +	++	++		
try			- +		

Note with our example that each horizontal **slash** indicates that Tom did not accurately imitate the target sound, whereas the **cross** indicates Tom's successful imitation of the target sound.

First Session: 09/08. The four companion cards for **tie** were contrasted. Tom completed two sets of contrast for the session. Note that the only sound Tom was able to produce for the session was the /h/ phoneme in **hi**.

Second Session: 11/09. Once again, the same four companion cards for **tie** were contrasted with **tie**. Tom improved this session. With two sets contrasted, Tom was able to consistently produce **hi**. Tom was also able to produce the /p/ phoneme in **pie**.

Third Session: 15/08. By the third session, Tom was able to produce all four target phonemes successfully, but is still not consistent with production at this early stage.

Multiple Oppositions Rating Progress

Name	Term									
Goal/Target Clinician										
Contrast Set 1	Date									
Contrast Set 2										
Contrast Set 3										
Contrast Set 4										
Target	Percent Correct	Response Level								
3.0	%	Im Sp								
	%	lm Sp	%	Im Sp	_%	Im Sp	_%	Im Sp	_ %	Im Sp
	%	lm Sp	%	Im Sp	%	lm Sp	%	Im Sp	_ %	Im Sp
	_ %	lm Sp	_ %	Im Sp	_ %	lm Sp	_ %	Im Sp	_ %	Im Sp

Response level: Im: Imitation Sp: Spontaneous

References

Barlow, J.A. and Gierut J.A. (2002) Minimal Pair Approaches to Phonological Remediation *Seminars in Speech and Language, Volume 23, No 1*

Bowen, C. (Updated 26, Jan, 2013) Word Lists: Minimal Pairs. Retrieved from: http://speech-language-therapy.com

Bowen, C. (2009) Children's Speech Sound Disorders Wiley-Blackwell

Gierut, J.A. (1989) Maximal Opposition Approach to Phonological Treatment *Journal* of Speech and Hearing Disorders, Volume 54, 9-19.

Williams, A.L. McLeod, S. & McCauley R.J. (2010) Interventions for Speech Sound Disorders in Children *Paul H Brookes Publishing Co*

Williams, A.L. (2006) SCIP Sound Contrasts in Phonology: Evidence Based Treatment Program. User Manual *Super Duper Publications*

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