

10 Speech-language therapist, Munich, Germany: one-to-one intervention

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1. Context

As an Australian trained speech-language pathologist, I have worked in public settings in both New Zealand and the United Kingdom before starting an independent speech-language therapy practice in Munich, Germany in 2019. In my current role, I support English-speaking students aged three to eighteen with speech, language, and literacy disorders, most of whom attend private English-medium international schools in Munich.

The majority of my caseload are simultaneous bilinguals, with English being their primary language in education. Many students have had a varied educational background, often having attended public and/or international schools in other countries before arriving in Munich, meaning they each present a unique history of prior language and literacy programmes and support.

2. Implementation

I trained in Sounds-Write in mid-2020 through the online training course and use the programme in a one-to-one intervention context, mainly with students in the upper primary age group who have been referred due to concerns regarding their language and literacy progress.

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Due to the COVID pandemic and related school closures, to date I have been predominantly delivering Sounds-Write online via teletherapy using Smart Notebook software and the Zoom videoconferencing platform.

Students attend weekly individual therapy sessions for 45 minutes or one hour, and parents are requested to attend the online teletherapy sessions with their child. Individualised home practice packs are provided after each session for parents to complete during the week with their child. Parents are advised prior to commencing Sounds-Write that regular home practice is essential for maximising progress and that their child will be provided with a weekly home practice programme.

The home practice programme provided for Case A in this case study consisted of three to four daily practice plans per week, with each day's practice consisting of four different activities. As Case A's parent attended every therapy session, both for online and face-to-face sessions, she became very familiar with the Sounds-Write teaching approach and was able to support him effectively at home through the home programme. The activities included reading decodable texts/books for fluency practice, Sounds-Write lessons 3, 4, 6, 7, 8, 9, and 10, worksheets from the Phonics Books UK and Sounds-Write workbooks, spelling quizzes, and dictations. Case A's parent was requested to scan and email the completed home practice to the speech-language therapist two days before his next session to monitor progress. The amount and frequency of practice Case A was able to complete at home varied depending on the work, home schooling, and other commitments of the family, however, on average Case A completed three practice sessions at home per week through each school term.

Case A was referred for speech-language therapy support aged eight years and five months, due to his significant and ongoing literacy difficulties. Case A has a family history of speech, language, and literacy difficulties and was reported to have found learning to read and write difficult since starting school. His family arranged for a private reading assessment in Year 2 which did not provide a formal diagnosis of dyslexia but did conclude he showed a pattern of

difficulties consistent with dyslexia. At the point of referral, Case A had received the following previous phonics instruction.

- The Letters & Sounds programme for three years (Reception to Year 2) in his mainstream school in the UK.
- Approximately eighteen months of private tutoring in the UK using Oxford Reading Tree stories and workbooks.
- The Reading Horizons programme (a print-to-sound derivative of Orton-Gillingham, which includes a complex strategy of marking spelling patterns in a word with symbols in order to decode) with the school Special Educational Needs Coordinator at his international school in Munich for one year (Year 3 to Year 4).

Case A was assessed using the Test of Integrated Language and Literacy Skills*² alongside other clinical assessments of his language and literacy skills at the time of referral in September 2019, and again, aged ten years and two months in June 2021.

Case A was seen individually on a weekly-fortnightly basis over this nearly two-year time period through a mixture of face-to-face and online sessions, excluding a three-month break during the therapist's maternity leave. Case A completed three to four individualised home practice sessions each week.

At the time of initial assessment, Case A presented with significant difficulties in the following areas.

- Significant phonemic awareness difficulties, including difficulty identifying rhyming words consistently, segmenting words into syllables, as well as blending, segmenting or manipulating sounds in words.

2. <https://tillstest.com/about/>; an explanation for terms followed by an asterisk can be found in the glossary: <https://doi.org/10.14705/rpnet.2022.55.1367>

- Many gaps in his code and conceptual knowledge. He relied predominantly on a visual memorisation strategy to learn words and did not show a solid conceptual understanding that words are made up of sounds and that letters are used to represent these sounds.
- Difficulty knowing how to approach reading a word that was new to him. When presented with a word he had not already visually memorised, he would either use the first letter and visual length of the word to guess the word, would spell the word out loud using its letter names, or quote the spelling rule/pattern he thought would apply.
- Difficulty accurately representing the sounds within words when spelling, due to his phonemic awareness difficulties and reduced alphabetic code knowledge. He relied on using inefficient visual memorisation strategies to remember word spellings which often resulted in incorrectly sequenced or missing letters, or letter combinations that are not allowable in English.
- Difficulty comprehending written texts, primarily due to his significant decoding difficulties.

Case A's oral language skills remained largely within the borderline average range; however, his vocabulary knowledge was below that of his same-aged peers.

Case A's sessions over the first two school terms targeted his significant phonemic awareness difficulties (segmenting, blending, phoneme deletion, and manipulation skills) and consolidated Phases 2 to 4 of the Letters and Sounds programme. Following the speech-language therapist's training in Sounds-Write in mid-2020, Case A then received the Sounds-Write programme exclusively for the duration of the 2020/21 school year starting with the Bridging Units at the end of the Initial Code*, followed by the Extended Code* and Polysyllabic Words.

He did not receive further reading support from school over this period whilst distance learning was in place during the pandemic.

3. Evaluation

Table 1 below includes brief descriptions of the TILLS subtests* and shows Case A's standard scores by language level (Sound/Word and Sentence/Discourse). Subtest standard scores between seven and thirteen are ± 1 standard deviation of the mean score and are considered within the 'average' range. Subtest scores of thirteen or above are considered 'above average', subtest scores of six or below are considered 'below average'. Subtest scores of seven are considered 'borderline average' and are categorised as weaknesses.

At the time of initial assessment aged eight years and five months (September 2019), Case A presented with skills below the average range for all written language subtests and many subtests were unable to be administered as his decoding/spelling skills were not sufficient to complete the test. At the time of review assessment aged ten years and two months (June 2021), Case A presented with skills within the average range for four out of the seven written language subtests (Nonword Reading, Reading Fluency, Written Expression-Discourse, and Written Expression-Sentence), one was in the borderline average range (Nonword Spelling) and two were below the average range (Written Expression-Word score and Reading Comprehension) (see **Table 1** below).

Case A made significant progress over the course of the intervention period in his code knowledge, phonemic skills (blending, segmenting, and manipulating) and his conceptual understanding of the reversible nature of the code. His reading accuracy is now age-appropriate; however, his decoding does remain effortful and continues to impact his capacity to draw meaning from the texts he is reading, resulting in his below-average reading comprehension score. His spelling attempts are now consistently phonetically plausible and there is no longer evidence of sound sequence errors or illegal letter combinations. These qualitative improvements were however not accounted for in the scoring of the Written Expression-Word subtest, as responses are scored as either correct or incorrect spelling, so his overall score of zero does not fully capture the changes in his spelling ability. He continues to require frequent, spaced retrieval practice to firmly establish the correct spellings of words in his long-term memory.

Table 1. Case A’s TILLS scores in September 2019 and June 2021

	Written Language Subtests	Standard Score Sept 2019	Standard Score June 2021
Sound/Word Level Skills	Nonword Reading (NW Read) Assesses reading decoding ability, which contributes to reading comprehension and academic success.	3	8
	Reading Fluency (RF) Assesses ability to read real words in context automatically, providing an index of reading proficiency in context.	0	8
	Nonword Spelling (NW Spell) Assesses ability to spell novel words using knowledge of sounds, morphemes, and letter patterns.	6	7
	Written Expression-Word score (WE-Word) Assesses ability to select and spell real words in meaningful contexts, which is essential for producing written language.	Not assessed due to significant difficulties with decoding and spelling	0
Sentence/Discourse Level Skills	Reading Comprehension (RC) Assesses the ability to read and understand written language with complex academic syntax and relational terminology and to monitor language comprehension, as required for learning from texts	Did not meet basal criteria to administer due to significant decoding difficulties	6
	Written Expression-Discourse (WE-Disc) Assesses ability to include complete information when rewriting a story, reflecting complex integrated skills for understanding and producing written language.	Not assessed due to significant difficulties with decoding and spelling	11
	Written Expression-Sentence (WE-Sent) Assesses ability to combine short sentences into more complex ones when rewriting a story, reflecting complex integrated skills for understanding and formulating written language.	Not assessed due to significant difficulties with decoding and spelling	8

Case A now describes reading and spelling as being “simple but not easy”, explaining that he now finds the reversible nature of the code simple to understand but remembering the correct spellings of sounds continues to be “not easy”.

Case A’s parents provided the following feedback:

“[Case A] has made amazing progress using the Sounds-Write programme with Shelley over the last 2 years! We are so impressed with his progress and thankful that we started the program when we did. The strategies used in Sounds-Write and the way the program is written, it is like it’s been tailor-made to [Case A]’s needs. We are so happy to have found Shelley and a program that works for [Case A] as all previous methods we tried didn’t help at all. [Case A] would often feel frustrated and not make any progress, which was really difficult as a parent to watch. [Case A] is now like a different child, he is so much more confident in his abilities and has made amazing progress. It is so lovely to see and we owe it all to Shelley and the Sounds-Write programme. I will be recommending Sounds-Write to his new school when we return to the UK. A very happy parent!”.

4. Recommendations

The response to the Sounds-Write programme has been overwhelmingly positive from Case A’s parents, his class teacher, and the school’s Special Educational Needs Coordinator. The results of this case study also show that significant progress can be achieved with the Sounds-Write programme being delivered through online learning, using software such as Smart Notebook.

For clinicians using Sounds-Write in a one-to-one intervention context, the following points should be considered:

- Engaged and supportive parents and school staff are vital, however obtaining initial ‘buy-in’ from parents and school staff may be difficult

if they are reluctant for the student to commence yet another phonics programme or if they are unfamiliar with the Sounds-Write programme itself. Having a clear understanding of the main points of difference between Sounds-Write and other literacy programmes and being able to confidently explain these to parents and school staff, as well as keeping pre- and post-intervention data to demonstrate the progress the student has made following the Sounds-Write approach is key.

- Identifying ways to maintain high levels of student engagement over the course of an intervention period and frequent practice between one-to-one sessions is also crucial. For Case A in this study, the following contributed to his level of engagement across the intervention period: having a supportive and involved parent, ensuring he was not withdrawn from his favourite school subjects for his one-to-one sessions, identifying a long-term goal that motivated him (e.g. being able to read a chapter book), making his progress clearly visible to him using tables and charts, allowing him a choice in reading materials based on his interests, encouraging him to take ownership of his own home practice schedule, and fostering a growth mindset.
- Regular meetings should take place between parents, school, and the clinician to facilitate communication about targets, progress, and implementation of the programme.
- Students should be provided with clear, easy-to-follow home practice plans which are achievable for parents to support and provide the student with the essential frequency of practice they require.



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