CLINICAL BOTTOM LINE:
Strategies in discourse such as request for associations, request for clarification, confirmation, reconstruction, and phonological cueing or at single word level such as phonological association cues and syllables, may reduce word-finding errors.

Background and Objectives:
Word-finding difficulties impact on functional communication in a range of contexts so we wanted to investigate the efficacy of different strategies that could assist children in reducing word-finding errors.

Clinical Question [patient/problem, intervention, (comparison), outcome]:
What techniques are effective for improving word-finding difficulties in children aged 2 – 12 years old?

Search Terms/Systems:
Word-finding difficulties; specific language impairment; language learning

Selection Criteria:
These papers were chosen as they focused on strategies for targeting word finding errors rather than word learning as many others did. Two out of three of these papers were rated as level IVs with multiple baseline designs.

Results:
German and Newman (2004) found that children with word finding difficulties make more errors on naming target words from sparse lexical neighbourhoods and those which are lower frequency words. Blocked errors (delayed or no response) and phonologic errors are influenced by word frequency, age of acquisition and lexical neighbourhood. When blocked errors are likely, the authors suggested using phonological associative cues to teach words from sparse lexical neighbourhoods. When phonological errors are likely, they recommended linking syllables to phonological mnemonic cues to teach words from sparse lexical neighbourhoods. German in 2002 also found that a strategy comprising syllabification, pairing of target words with phonemic neighbour cue words and rehearsal is effective in establishing and generalising specific vocabulary in children that make phonemic word-finding errors. Stiegler and Hoffman (2001) identified discourse-based intervention as a possible way of treating Word Finding Difficulty (WFD) in children, though more evidence was required to make a conclusive decision.

References:

Appraised By: Paediatric Language Group
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Clinical Group: