PROMPT : An Introduction
Prompts for Restructuring Oral Muscular Phonetic Targets
A Tactically Grounded Treatment Approach To Speech Production Disorders

The PROMPT Institute
A non-profit organization
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Definition of PROMPT
A holistic, dynamic, sensory-motor, tactile-kinesthetic system designed to help organize, plan and execute the phonetic/phonemic elements of speech production for the development or redevelopment of language within function interactions.

Uses of PROMPT General
1. To develop an interactive focus/awareness for oral communication.
2. To develop integrated, multi-sensory (tactile-kinesthetic) associative mapping for cognitive or linguistic concepts.
3. To develop, balance or restructure speech sub systems at the sound, word or phrase level.

Three Uses of PROMPT
To Develop An Interactive Awareness/Focus for Oral Communication
- Develop attention and waiting
- Good for children/adults in a pre-linguistic or early linguistic stage (either developmental or after cortical damage)
- Emphasizes one or two motor-phonemes or actions, interaction and awareness to face, not really working on subsystem control at this level.
- Normally uses parameter prompts sometimes a surface prompt and/or a syllable prompt.
- Associate a sound to an action.
To Develop Integrated Multi-sensory (Tactile-kinesthetic) Associative Mapping For Cognitive Or Linguistic Concepts

- Associate tactual-auditory, sensory information to cognitive-linguistic making association between motor map and concept.
- Usually used when the motor or cognitive information is above the level of the child/adult to teach them that the concept is related to the motor-auditory map. No expectation of production e.g. map in the word “ball” with surface prompts to teach that the concept of ball is related to the motor map.
- Bring awareness to the concept but not the subsystem control, per se.
- If you have a cognitive-linguistic focus then mapping is helpful to develop concept about what’s in the world, receptive language.
- To bring sensations in environment to level of cognition.

Three Uses of PROMPT

To Develop, Balance Or Restructure Speech Subsystems At The Motor-phoneme, Word Or Phrase Levels

Used for developing/integrating each subsystem (phonatory, mandibular, labial-facial, lingual) into the dynamic, hierarchical whole.

- Necessary to rebalance speech subsystems for dynamic control so they may be used flexibly with a minimal amount of effort (appropriate muscular contraction, range, grading, force, duration, transition), during spontaneous, phrase production.

PROMPT Who Benefits...

- Developmentally delayed clients.
- Clients with phonological impairments.
- Children or adults with Dysarthria
- Children or adults with Apraxia of Speech.
- Adults diagnosed with speech disorders… (with a motor component e.g., Broca’s Aphasia, other Aphasias)
- Autistic Spectrum Disorders
- Hearing Impaired clients.
- Clients with dysfluencies.
- Acquisition of foreign language sound systems.

Shifts for SLP

- Motor rather than Auditory or Developmental Model
- ‘Stage’ or ‘Plane of Movement’ rather than Phoneme
- Emphasis on vowels and diphthongs as well as consonants.
- ‘Speech through Speech!’ no oral motor
- Proximity to client and tactile cueing
**Shifts for SLP** (continued)

- New Motor Skill for SLP
- Work on All ‘Domains’ (sensory-motor, cognitive-linguistic, social-emotional)
- All Treatment is Functional and Interactive

**PROMPT consists of…**

- **A PHILOSOPHY** - a way of conceptualizing speech production disorders
- **AN APPROACH** - suggested ways that assessment and evaluation need to be approached
- **A SYSTEM** - the way assessment results are put into treatment planning
- **A TECHNIQUE** - the way treatment is carried out using tactual information

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**PROMPT Philosophy**

**PROMPT Approach**

**The PROMPT Conceptual Framework**

- Stresses the need to thoroughly evaluate all areas of client function, determine the environments in which communication is the “most critical.”
- Utilize a wide variety of appraisal/evaluation procedures and or approaches.
- Evaluate the entire neuromotor system as well as cognitive and psycho-social domains.
- Utilize input from several other professionals.
• Embed information within and across sensory-motor, cognitive-linguistic and social-emotional domains that create associations, motor schemas, language and oral-event concepts.

• Communication structures are built from simple to complex.

• Minimally will use (below) plus other informal and formal measures.
  - Systems Analysis Observation (SAO)
  - Motor Speech Hierarchy (MSH)
  - Verbal Motor Production Ass. For Children (VMPAC)
  - Early Motor Control Scale (EMCS)
  - Appropriate intelligibility, phonological, language and cognitive measures.

• Systems Analysis Observation
  - Assessment Tool for Neuromotor Speech System
  - Checklist from Observation
  - Information Transferred to Motor Speech Hierarchy

• Motor Speech Hierarchy
  - Tone
  - Phonation
  - Mandibular Control
  - Labial Facial Control
  - Lingual Control
  - Sequenced Movements
  - Prosody
1. **JAW POSITION**

1) Neutral resting: teeth slightly touching and jaw loose. /u/, /p/, /t/

2) Part open: jaw slightly lowered in a relaxed state. /l/, /θ/, /h/

3) Half open: below position 2. /k/, /g/

4) Full open: only used for teaching isolated phonemes. /k/, /a/.

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2. **FACIAL PROMPTS**

*examples*

1 & 2: lip rounding /u/

3 & 4: above lips /i/

5:

6 & 7: below lips

8: nasality

9:

10: voicing

11: jaw opening

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3. **MYLOHYOID PLACEMENT**

*examples*

A - front /t/, /d/, /n/, /s/, /z/

B - mid /θ/, /ð/, /ʃ/, /ʒ/, /r/

C - midback /ŋ/, /ŋg/, /ŋ/, /ŋn/

D - back /l/, /g/

One, two or three fingers are used to stimulate the amount of lingual surface required to produce the phoneme.
The speech-language pathologist acts as an "external programmer" for speech; manipulating the mandible, labial-facial, and lingual area in order to provide a framework for spatial and temporal aspects of speech production.

**What is the Clinicians Role?**

**Treatment**

- Work on Stage/Plane of Movement Rather than single Phoneme
- Work across Three Stages at Once with varying priorities
- Focus on All Domains
- Treatment is Always Functional
- Prompts Faded When Appropriate

**PROMPT Technique...**

A dynamic tactile-kinesthetic method of treatment for motor speech disorders which uses touch pressure, kinesthetic, and proprioceptive cues.

**PROMPT Technique – 4 Levels...**

**TECHNIQUE: PROMPT Types**

- **Parameter** – provides support and stabilizes the mandible or broad facial musculature
- **Syllable Prompting** – provides holistic muscle shaping in CV and VC productions
- **Complex** – provides as much information as possible about mandible excursion, place, amount of facial or labial contraction and width of lingual contraction
- **Surface** – provides signaling transition and timing delivered in one plane of movement to the mandible, labial-facial or mylohyoid musculature
Client Must Learn

- To Interact Appropriately: (listen, wait, signal or can moderate behavior)
- Routines and Boundaries
- Appropriate Speech-Motor Behaviors
- Use The Behaviors To Communicate Effectively

Rapport Between SLP & Client

- SLP Must Touch Client’s Face, Head, Neck and Shoulders (minimally)
- Pressure is Light, Moderate, or Firm (light to moderate on facial tissues, moderate to firm on mylohyoid) - Timing is variable
- If SLP is Comfortable, Child Will Be: TRUST
- Each Client Needs Different Support Strategies

Is PROMPT for You?

ADVANTAGES
- Research – numerous ongoing efficacy studies
- Clinics: successful use
- Clients: high degree of satisfaction
- Treatment goals: simultaneous language and speech motor therapy
- Generalization: clients learn to self-monitor and self-correct
- Co-articulation is always considered
- Can be used with clients with cognitive impairments

DISADVANTAGES
- PROMPT is a motor skill: clinician requires extensive training and practice.
- Longevity training process: complete 3 weeks of training

REFERENCES
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