Putting profiles into practice

When profiling one facet of a patient's language, speech therapists must think of the others in the same systematic way. We must remember that the parts comprising a person's language fit together as a whole and cannot be completely isolated from each other, says Professor David Crystal.

Let us imagine the following situation. A speech therapist has decided to describe a patient's grammatical ability in a systematic way because it isn't obvious, just by listening to the patient, what is going on. She decides to carry out a profile rather than a test because she wants her description to be comprehensive and detailed rather than short and selective.

Having put aside some time for the task, she records a sample, and transcribes what is said. She chooses LARSP (it's my imagination, so why not?), analyses the various grammatical features according to the framework it presents, and transfers these to the profile chart. She stares at the completed chart and detects a pattern. The patient seems to be at Stage three but there are some curious gaps and imbalances to be investigated. She draws a heavy black line across the chart, emphasising the pattern, and circles the gaps.

Weaknesses

Enough there to provide input for several sessions of grammatical therapy, she thinks, and proceeds to plan her next session. Two particular weaknesses catch her eye. The patient has many verb-object constructions (eg *read the book*) but hardly any subject-verb constructions (eg *the man is reading*). Also, few adjectives are used producing odd gaps at early phrase levels.

"Good," says the therapist (not, of course, referring to the patient), "that's the profiling done", and she rummages in the cupboard where she knows there's some action cards and books showing big vs small, happy vs sad, etc. If asked, she would doubtless say she was putting her profile into practice.

The trouble is, she isn't — yet. And the profiling isn't yet done. There is still an enormous gap between her profiling persona and her therapist persona, and this must be bridged to make her therapy as rational and systematic as her assessment.

Profiling is simply a way of making people think systematically about a phenomenon — an essential step, in my view, for something as multi-faceted as language. There would be no need for language profiles if people could instantly identify language patterns.

Pragmatic

In the present case, the therapist has decided she needs to do some systematic work on this patient to provide her therapy with a rational, defensible foundation, and she does so — up to a point. Ironically, when she reaches the most important step of all, when decisions about specific remedial tasks must be made, she stops being systematic and thorough and begins to be ad hoc and pragmatic. The careful reasoning which led her to define and isolate certain grammatical variables is abandoned as she searches for the cards which represent various actions and attributes. The only reasoning routinely used is that the cards should be clear and convincing representations of the concepts selected (running, jumping, climbing . . ., big, small, red, blue . . .) and appropriate to the patient's cognitive and maturational level. The same would apply if she had chosen to use objects, dolls or photographs.

Grammar

But there is something fundamentally wrong here. Surely the same kind of careful reasoning must be used when selecting materials? If the cards present us with running, jumping, and climbing, how do we know this selection of lexical items is the best we might make for this patient? Are *run, jump* and *climb* in the patient's vocabulary yet? Are they in his comprehension, but not production (or vice versa)? Are they the most *useful* verbs to present him with? In what range of social circumstances might he put these verbs to immediate spontaneous use, thus ensuring some degree of 'carryover'? Is there somewhere to run, jump, and climb at home? Or are these actions some of those which his mother proscribes, on pain of punishment — *don't jump on the furniture, climb on the sideboard etc?*

The same would apply to the selection of attributes made in order to teach adjectives. Apart from colour (which stands out as presenting well-recognized conceptual problems) little attention is paid to the semantic content or pragmatic value of different adjective fields. Why should we choose, say, the dimension of size rather than shape, or time rather than emotion? Is *fat/thin* just as good as *long/short* (or should it be *tall/short* or *tall/small?*) and does it matter whether it is a girl or a boy who is tall, or a cat or a dog which is fat?

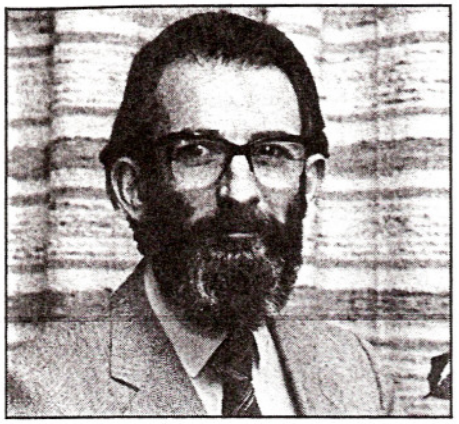
Yes, it matters, as these two cases illustrate. A five-year-old language-disordered boy, of normal intelligence, had great difficulty working with verbs where the action referred to had no clear end point (*atelic* verbs), such as *look, play* and *walk*. On the other hand, he worked well with such verbs as *kick* and *jump,* where there was a definite end point (*telic* verbs). *He's jumping* was easy; *he's walking* was difficult. Another child, of similar age and background, had worked out a rule that only humans could be tall. "*Which one's tall?*", said the therapist, showing two men of different heights. "*That one,*" said the child, pointing correctly. "*Which one's tall?*" said the therapist, showing one very high and one very low building, and the child became confused.

Semantic analysis

It is time to introduce a general principle. It is impossible to implement the findings of a grammatical profile in therapy without carrying out some degree of semantic analysis first. The therapist does not teach grammar by using such categories as Adj, Aux and Det. Once an abstract grammatical 'frame' has been selected (such as determiner + adjective + noun + auxiliary + main verb), she must put flesh on it by choosing specific lexical items. It has to be *a fat man is running* or *a red hen is crying*, or whatever. But the choice between *fat* and *red* or *run* and *cry* should be made on just as systematic a set of principles as those used to select the grammatical frame in the first place.

Turning this into profile-speak: to implement LARSP, we need to

PRISM-L. We need to have thought systematically about the selection of vocabulary, and one way of getting the mind moving is to see how vocabulary can be organised into semantic fields and to plot the range of lexical types and tokens used. This is what the



David Crystal: teach one thing at a time

semantic profile, known as PRISM-L, does. It clearly displays which lexical items are used and how often. On LARSP we see that one patient is using SVO 32 times. On PRISM-L we see that the only verbs she is using are *do, go, be, have* and *get*: the 'V' isn't really as strong as the LARSP chart made it appear. By contrast, another patient also has 32 SVO constructions and PRISM-L shows him to be using *run, bash, lift, tell, look*, and several others.

PRISM-L directs the therapy by motivating the selection of the lexical items to slot into the grammatical frames. If we want to teach the grammatical frame above then it would be wise to choose lexical items which are familiar to the patient. If we are teaching a piece of new grammar, it would be loading the dice against the patient to require him simultaneously to use some new vocabulary. This is no more than an application of the 'teach one thing at a time' principle. But the only way to know what items are familiar to the patient is to keep a record of the vocabulary he uses or which is used to him. Not as vast a task as it sounds. Parents and next-of-kin are very good at keeping lexical diaries in this way. I would not ask an untrained person to keep a record of pronunciation or grammar (because they normalise so much) but I rarely encounter problems with vocabulary lists (as long as a note is also kept of context, eg *tap* (on sink) vs *tap* (knock).

So is that it? Putting a grammatical profile like LARSP into practice simply requires the use of a semantic profile like PRISM-L?

Unfortunately not. The same argument has to be repeated for all domains of language structure. Before we can decide which actual sentences to use to teach a grammatical frame, we need to have thought systematically about the other variables which interact with it — such as the pronunciation of the different lexical items, the semantic roles played by the different elements of the sentence, and its rhythmical complexity.

Pronunciation

In the case of pronunciation, for example, it would be silly to begin teaching a new frame, such as SVO, by choosing the lexical item *cow* as subject if it were known that the patient has particular difficulty with initial 'k'. Many patients have problems with consonant clusters and it would be unwise to use such items as *small* or *drink* in teaching a new frame. If we want the patient's attention and limited processing skills to be focussed on grammar, his task will be much easier if other linguistic demands made upon him are well within his competence.

The same principle applies to the choice of rhythmical patterns. A patient who has difficulty copying even short sequences of strong and weak beats is not going to be very happy with sentence frames of the sort *The X is Ying* which present him with a sequence of two weak/strong units. And likewise, within the area of semantic roles such as actor, location, temporal, the careless choice of a role can make the grammatical task impossible. For example, in teaching subject-verb-adverbial, the therapist needs to be very clear about whether the adverbial is to be manner, eg *he's walking quickly*, time *he's walking now*, or location *he's walking home*. Faced with a patient with temporal-spatial problems, we would presumably not choose adverbials of time or location in teaching SVA.

Semantic role confusion

Another example of semantic role confusion is a seven-year-old language-disordered boy who had been taught a good animal vocabulary, and often produced sentences like *I can see a horse* or *the man's riding a horse*. But it emerged that he had learned these animal names only as goals of actions — in other words, things that you could do actions *to*. He was unaware that animals could themselves do actions. He could not respond correctly to such questions as *the horse is chasing the man* or *the horse is walking*. You could chase, ride, even walk a horse, but horses could not chase, walk or ride (in a horse-box, for instance).

Information about pronunciation, rhythm and intonation, and semantic roles must be obtained if a systematic decision about grammatical teaching is to be made. The profiles known as PROPH, PROP and PRISM-G were devised to enable such systematic statements to be made, but any comparable procedures would do. The important point is that all these factors, as well as the selection of vocabulary, influence the use of a grammatical construction. The therapist should be aware of this kind of interaction so that the final choice of sentence, the one the patient is actually presented with, is informed and genuinely facilitating. Unfortunately, all too often, lexical items are chosen with scant regard for their phonological, rhythmical, and other properties.

Interaction

So, putting LARSP into practice means bearing in mind the reinforcement or interference caused by other domains of language where some profiling needs to be done, to be sure what is going on. Similarly, if we are putting PRISM-L, or PROPH, or any profile into practice, the same interaction needs to be considered. For example, there should be no teaching of pronunciation without some thought being given to the grammatical, rhythmical and lexical implications of what we are doing. The teaching of phonemes through the technique of minimal pairs, as in *pot* and *cot*, requires that a contrast be presented within words (which are grammatical units that make sense only in sentences), are of comparable stress (a matter of prosody), and which correlate with differences of meaning (a matter of semantics).

Reconstructing

All this is little more than a linguistic interpretation of a therapeutic axiom: the patient is a whole person. The patient's language is whole, too, and we should never take it to pieces and put one part under the linguistic microscope without the firm intention of putting it back together again. But as anyone who has attempted to repair a bicycle or a Hoover knows, taking things to bits is infinitely easier than reconstructing them. So often we are left with a spring or a nut which doesn't seem to fit anywhere. All too frequently, the machine works worse, or not at all, after our tampering. "You should have left it alone", says the man in the shop.

We mustn't end up in this position. Nor shall we, if publications like *Speech Therapy in Practice* succeed.

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