



PROMPT

Prompts for Restructuring Oral Muscular Phonetic Targets

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Introduction

PROMPT was developed by Deborah Hayden in the late 1970's. It is a "human philosophy that looks to create unique programs for each person based on the combination of many factors to support speech production change" (www.promptinstitute.com). At its most basic level, PROMPT is a technique that incorporates neuromotor principles, kinesthetic and proprioceptive information, as well as auditory and visual information to provide feedback to the speech system, in order for an individual to produce clear, functional speech. The PROMPT clinician provides input to all areas of oral motor system by using touch, pressure, specific placements, as well as creating auditory and visual awareness. This helps an individual achieve controlled, functional speech.

The PROMPT system has been used with phonological, developmentally delayed, dysarthric, dyspraxic, hearing-impaired, autistic spectrum, and fluency disorders. Both children and adults have been treated using this method. PROMPT is designed to be a total therapeutic program that incorporates several different elements, (e.g., appropriate language goals, motor speech goals, positive reinforcement).

PROMPT incorporates all communication forms. The ultimate goal is functional, interactive, verbal communication.

Research

Deborah Hayden first began to develop PROMPT in the late 1970's. The systematic manipulation of tactile-kinesthetic-proprioceptive input to oral motor structures for changing speech targets was begun with children who presented with severe motor impairment (who did not respond to traditional treatment approaches).

In a first single case study, over a four-month period, an eight-year old, who was cognitively impaired, nonverbal, and diagnosed with autism, gained 30 functional words that he used functionally in his home environment (Hayden and Sherman, 1983).

Another study of eight children, four with normal cognitive and gross motor abilities, and four with cognitive deficits and motor impairment, was developed. The study demonstrated that all children made significant changes on their target sounds and words when using PROMPT in therapy. In addition,

the motor-impaired children made changes only when involved in PROMPT therapy, and showed minimal to no change using verbal imitation (Hayden and Sherman, 1983). Other successful research was conducted using a varied population of 3 to 10 year olds with speech production disorders as well as adults with dyspraxia.

Research continued on the effectiveness of PROMPT with children, who would have otherwise have been classified as “phonological” with oral motor deficits (Square et al., 2000). The research showed that PROMPT treatment was effective in getting these children to acquire more normalized speech movements resulting in improved speech clarity, and that the treatment effects generalized to words that were not targeted in therapy. These children’s overall behavior, social interactions, speech intelligibility (understandability), and language expression improved considerably. One hypothesis for the cause of this generalization was that the children had gained sufficient motor control of the jaw, lips, and tongue to support speech.

Research efforts continue in the areas of autism and motor speech disorders. Research will be focused on the way PROMPT treatment should be delivered to different populations and the amount of change that may be expected using PROMPT.

Why it Works

Many children, especially those with motor-planning difficulties, do not respond to traditional therapeutic methods, which usually involve only visual and/or auditory input, (e.g., verbal imitation). (Speech is a higher level motor-planning task). These children seem to need something more to help them produce specific sounds and sequence the sounds in running speech. Active touch is the most organizing for children. These children may benefit from the tactile-kinesthetic cueing that PROMPT provides. We want the child to feel their oral motor muscles producing the sound/sound combination and be able to establish motor schemes so they can eventually replicate the word(s) by themselves. This involves multiple productions of carefully chosen target words in therapy. This process takes some time to occur; therefore, intensive long-term therapy is usually necessary for these children to make significant gains in their functional speech.

If you would like to find out more about PROMPT, please visit their website at www.promptinstitute.com.