



Topic:

The use of Melodic Intonation Therapy to treat apraxia of speech in young children

Research tells us:

A variety of limitations and flaws make findings from the few available research studies on Melodic Intonation Therapy inadequate to conclude that it is a beneficial practice to use with young children who have developmental apraxia of speech (a speech articulation disorder not involving sensory or motor paralysis).



Take another look:

Read or download the complete research synthesis in the *Bridges* section of www.researchtopractice.info:
Roper, N. (2003). Melodic intonation therapy with young children with apraxia. *Bridges*, 1(3).

Evidence is a bit off-key

Claims for Melodic Intonation Therapy don't ring true

Findings from available research on the use of an intervention called Melodic Intonation Therapy (MIT) to treat children with developmental apraxia of speech (DAS) offer little evidence that this practice promotes any improvements in children's speech.

In collaboration with the Research and Training Center on Early Childhood Development, Nicole Roper, M.A., of the Family, Infant, and Preschool Program at Western Carolina Center (Morganton, NC), analyzed three studies that included a total of six child participants and information on the characteristics and consequences of MIT. Various problems found in the design or conduct of these studies, and the fact that so little relevant research has been done, led to her conclusion that available evidence is inadequate to recommend MIT for young children with apraxia of speech.

In Melodic Intonation Therapy, a speech/language therapist presents the child with a step-by-step series of short phrases, intoning each in a particular way. The practice, a modified version of a therapy originally developed for use with adult stroke patients, moves through three phases or levels. Initially, the clinician both intones and uses Signed English (or another physical prompt such as a picture) to present simple target phrases, beginning with no expectation of child participation. Then MIT moves through a series of steps and levels until, at the end of Level III, signing is faded. At this level, the move from intoned to normal speech is aided by keeping the same melodic line on an intoned sentence while replacing the constant pitch of the intoned words with the variable pitch of regular speech.

Ms. Roper points out that some elements of MIT may hold promise as effective intervention practices, citing the work of other researchers who have demonstrated a strong link between speech and song, and who revealed the positive role of song and music in young children's learning. Closer examination of all aspects of MIT is needed before the best way or ways to use song in promoting speech development can be identified.

Acting on the evidence:

Use of modified forms of Melodic Intonation Therapy to assist the speech development of young children who have apraxia of speech cannot be recommended as a beneficial intervention until the practice is studied more carefully and thoroughly.