PACSTOYS: A screening assessment of child speech

Authored by Pamela Grunwell and Anne Harding-Bell (2013). Distributed by J&R Press Ltd., Guildford, UK. Price £120.00.

This assessment was designed as a screening procedure of children’s speech from the age of 1 year 6 months to 6 years. Pamela Grunwell and Anne Harding designed it to complement PACS (Grunwell, 1985) and PACS (Grunwell, 1987). It uses bags of 45 small toys, objects and pictures which elicit single words, phrases and spontaneous speech from the children to obtain a sample of 59 words. The target words are transcribed and then the child’s sounds and error patterns are recorded on various sheets. A summary sheet is provided to record options for differential diagnosis, relevant additional information and a possible management plan. The authors recommend allowing 20–30 minutes for administration and 20 minutes for analysis of the speech sample. It is recommended as a tool for initial assessment.

I recently used the PACSTOYS when I was assessing a boy who was 2 years 6 months. The boy responded well to the use of toys to elicit the speech sample as he enjoyed exploring the contents of each bag. It may have been helpful if the bags were not transparent so that I could have introduced the items at a slower pace and encouraged the child to make more word attempts. When he saw all of the objects in the bag, he tended to focus on the ones he was particularly interested in (e.g. digger, car, etc). Also the manual recommends that small children should be closely monitored because of the small parts in the items. I would agree with this and would recommend that the items be made more robust given the young age the assessment is designed for. I was disappointed to note that the door of the washing machine fell off when my client opened it as this was the first time the assessment had been used. Also, I would have concerns that some items may not last being used over and over again and may need to be replaced (e.g. the paper letter, the bottle of sand which could be opened, the straw). However, despite some negatives, overall the use of toys
and objects proved useful in obtaining a sample from this child. The word lists elicit more than one example of the majority of frequently-occurring English consonants in most word and syllable positions, including a limited selection of the most commonly occurring consonant clusters. During the play activities with the toys I was also able to make observations about the child’s attention, expressive language and social interaction skills.

While I would consider using this assessment again given the positives experienced administering it, the analysis proved a barrier to me considering it for future initial assessments. The manual outlines the seven steps involved in the analysis and which forms to use. In the Appendix, you are given a worked example which is helpful. The most informative step I found in clinical decision making was the one titled “Transcription to Extended Phoneme Realization Chart”. I was disappointed with the guidelines given for Step 5 “Developmental Assessment” as it referred to another reference by one of the authors for detailed guidance on how to complete the chart. When analysing assessment findings, I would like to be able to find all that I need in the assessment manual rather than having to go to another reference. I felt the information given in this section wasn’t sufficient to facilitate my clinical decision making in a relatively short space of time.

Due to the seven steps involved in analysis I don’t think I would use this assessment again for an initial assessment or screening assessment for which it is designed. I would however use it for further assessment of a young child who I had already identified as presenting with significant speech difficulties and who was uncooperative for picture naming assessments. Also, if I were to use this assessment again, I would need to spend more time in understanding the “Developmental Assessment” which would mean reading beyond the manual.

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References