

November 21, 2011

Speech Intervention:

Meredith (Speaking on Birth to Three)

- Her organization offers home-based services, once a week, to provide families speech intervention strategies within their routines.
- Resource list: Boyer Children's Clinic (www.boyercc.org), Kindering (www.kindering.org), Dynamic Family (www.dynamicfamilies.org). Seattle Public School Preschool Child Find (206-252-0805) – for developmental screening and access to services.
- When you might make a referral:
 - 5 areas of development to look at: motor, adaptive, communication, cognitive, social-emotional. HELP charts has a good developmental spreadsheet. See <http://www.vort.com/products/150.html>
 - Based on the main concern, then they begin therapy.
 - Birth to 3: if the child has moderate delay in one or more area, they qualify. Changes when they go to preschool. Have to have a significant delay in one or a moderate delay in 2, and then decide what they need.
 - Child Find – free developmental evaluation for the school district. There are some organizations that will help pay for therapies, you have to dig. Some stop at 3, and then rely on the school system.
 - If they don't qualify, they can go to early Head Start, children's therapy center, a private practice, or hospitals. EEU will do therapy if you qualify through child find. Northwest Center, Dynamic Family has center based therapy too.
- Development of Language handouts : Speech and Language Development of the _____ (age)
- Is there any evidence to show that children who are raised bilingual often have speech development delays? No
- Big difference in gender? Not a lot
- Referrals for autism are coming as young as 18 months. There will be delays in three areas: communication, social skills, and cognition.

Robert (3 to 5 and beyond)

- Speech/Articulation
 - At 3 years of age children's speech should be approximately 75-80% intelligible
 - Parents generally understand more of their speech because they are around them more
 - By the time they reach 4-5 years of age they should be 100% intelligible
 - A lot of children do not have their full speech repertoire until they reach 8-9 years old (completely error free).
 - Most children develop naturally through phonological processes (final consonant deletion, cluster reduction, stopping, gliding are common)
 - See handout for range of sound development

- Sound errors I have seen most often are the infamous /r/ and vocalic /r/ sounds, /k/, and /th/, /s/ and /z/.
- Apraxia of Speech
 - Disrupted speech motor control
 - 3-5% of preschoolers
 - Difficulty with vowel production and differentiation
 - Unusual error productions; defy typical phonological processes
 - Errors increase with length and complexity
 - Same word produced differently
 - Disturbances in prosody; “choppy”
 - Appearance of physical struggle to speak
- Fluency
 - A lot of kids may develop dysfluencies between 3-6 years of age. Most will develop out of the behavior naturally.
 - If behavior lasts longer than 2 months or appears to get worse, get referral for speech
 - Typical dysfluencies are whole word
 - Atypical dysfluencies (stuttering like) include: single sound repetitions, prolongations, and brakes.
- Feeding
 - Rotary jaw movement should be established
 - Controlled cup drinking without biting cup
 - Easily move food from side to side with tongue lateralization
 - Chewing with mouth closed
 - Spoon handled with accuracy
 - Cup with one hand
 - Self-feeding by 24 months

Language 3-4 years old

- Receptive
 - Understanding of pronouns (me, my, your)
 - Follows multi-step directions
 - Understands use of objects
 - Beginning understanding of basic concepts (location, color, kinship)
 - Beginning to make inferences (how something happened)
- Expressive
 - 3-4 word utterances early on, developing to 4-5 word later
 - Variety of nouns, verbs, modifiers, and pronouns used
 - Brown’s Stages II-III: use of early grammatical morphemes (-ing, plurals, negation); later inclusion of past tense and possessives
 - Simple sentences should begin sounding more grammatically correct

Language 4-5+ years

- Receptive
 - Understands sentences with increased elaboration (multiple adjectives, prepositional phrases)
 - Advanced spatial concepts (under, in back, next to)
 - Gender pronouns (he/she, his/her)
 - Quantitative concepts (more, most, all, each)
 - Beginning shapes
 - ~ 5 years old starts recognizing letters, and then letter sounds a little later.
- Expressive
 - Understands and answers WH questions (question hierarchy)
 - Starts answering questions logically (beyond yes/no and concrete answers)
 - Increased use of prepositions and possessives
 - Begins to form more elaborate questions
 - Literacy skills begin showing around mid 5-6 years old (rhyming, naming letter sounds, syllables, sounding out nonsense words)
 - Brown's Stage IV-V+: Increased formation of elaborate sentence, clauses, complex compound sentences, etc. Most sentence formations acquired
- Pragmatics
 - Increased reporting on past events and conveying expectations for future events
 - Maintain interactions for extended periods of time (reciprocal communication)
 - Narrative language; ability to convey simple complete episodes by later 5-6, including conflicts, plans, with consequences and resolutions coming later. Early narrative skills include, cohesively discussing participants, settings and actions.
- Autism
 - 1-100 kids possibly 1-90; getting diagnosed earlier, however a lot of pediatricians like to wait till 3.
 - Red flags: limited eye contact, inappropriate expressions for social situation, limited reciprocity, limited peer interaction (prefers adult contact), usually concomitant language delays, limited initiation of interaction, stereotyped and repetitive behaviors, preoccupation with one subject/pattern, dislikes changes in routines
 - Early intervention is key
 - Important to understand it's a spectrum
 - Things that seem to develop naturally in typical kids need to directly modeled; visuals are generally very helpful (social scripts)
- Cognition
 - Begin thinking more about things that are not present
 - Increased logical thinking; however, tend to be over-focused on one aspect; whole-sum of its parts developing but not fully grasped
 - Less egocentric; should see more concern about others and increased empathy

- Concepts are irreversible; “minds are made up”
- Nonverbal ?
- Just because they aren’t talking doesn’t mean they are “dumb”.
- If disorder/delay is both receptive/express and possibly with severe cognitive delays; think prelinguistic skills.
- Above all do not give up; Learned helplessness is the worst thing anybody can teach somebody; yes I said, helplessness is taught
- Final Comment
 - Parents and caregivers are usually pretty good judges of when there’s a problem.
 - When in doubt, refer.

- Do oral crutches (sippy cups, pacifiers) affect speech? Controversy.
- As Lenore said, if you aren’t sure what is going on with a child, you can always refer for speech therapy. It is not threatening, and the therapist is trained to look for many delays and therapies.