

Don't Stop Speech Therapy

By Lisa Graziano

Last year's conference highlighted what I consider a breakthrough for parents whose kids have speech difficulties - speech apraxia. Unfortunately, at this year's conference most of the young families in attendance did not hear the presentation about this apparently quite prevalent disorder among people with PWS. Therefore they may not be aware of the specific therapeutic interventions necessary to treat speech apraxia.

A speech therapist at a large meeting I attended about PWS advised one mother that she could probably terminate her child's speech therapy and begin again in another year or year and a half. I was very concerned. This is a young child whose speech patterns are being formed and habituated, where receptive (understood) language may well exceed expressive (spoken) language therefore making the child more prone to becoming frustrated at not being able to express him/herself.

I wish I had heard a response such as, "If you have concerns about your child's progress, talk with your speech pathologist, find out what his/her treatment plan and goals are, and discuss what he/she sees as your child's progress. If you're not satisfied, consult with another professional who can recommend a different treatment approach or determine whether it is indeed in your child's and your best interest to take a break from therapy for some period of time." No person who has never seen a child should override a treating professional by dispensing specific treatment advice.

If you are not sure whether a therapeutic intervention you're doing day after day, week after week, month after month is effective, talk to your treating professional and express your concerns and get a second opinion. So much progress is made in the groundwork that isn't seen until much later, and this is especially true for speech therapy.

Might your child have speech apraxia? The following information might help you begin to make that determination.

What is speech apraxia?

The following information is quoted from the Apraxia-Kids website (www.apraxia-kids.org), a wonderful Internet resource sponsored by the Childhood Apraxia of Speech Association of North America (www.Apraxia.org).

- Apraxia of Speech is considered a motor speech disorder. A child with apraxia of speech has difficulty sequencing the motor movements necessary for volitional speech [and therefore has difficulty] executing speech

movements. Apraxia of speech is a specific speech disorder.

- A true developmental delay of speech is when the child is following the 'typical' path of childhood speech development, albeit at a rate slower than normal. Sometimes this rate is commensurate with cognitive skills. In typical speech/language development, the child's receptive and expressive skills are pretty much moving together. What is generally seen in a child with apraxia of speech is a wide gap between their receptive language abilities and expressive abilities.
- In other words, the child's ability to understand language (receptive ability) is broadly within normal limits, but his/her expressive speech is seriously deficient, absent, or severely unclear. This is an important factor and one indicator that the child may be experiencing more than 'delayed' speech and should be evaluated for the presence of a speech disorder such as apraxia. However, certain language disorders may also cause a similar pattern in a child.

Apraxia indicators

Clues that your child might have apraxia of speech are:

- Inconsistencies in articulation performance - may be produced several different ways
- Errors include substitutions, omissions, additions and repetitions, frequently includes simplification of word forms. Tendency for omissions in initial position. Tendency to centralize vowels to a "schwa."
- Number of errors increases as length of word/phrase increases.
- Well rehearsed, "automatic" speech is easiest to produce, "on demand" speech most difficult.
- Receptive language skills are usually significantly better than expressive skills.
- Rate, rhythm and stress of speech are disruptive, some groping for placement may be noted.
- Generally good control of pitch and loudness, limited inflectional range for speaking.
- Age-appropriate voice quality

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How is speech apraxia treated?

It is possible to speak only generally about effective therapy practices.... Although therapeutic approaches differ somewhat, they do have common features. Most notably these include:

- Principles of motor learning such as repetition, correction and feedback, slowed rate, and a motor placement and productions
- Heightened sensory input for control of the movement sequences and sensory cueing such as visual, tactile, and kinesthetic cueing; touch cueing; verbal cueing
- Use of rhythm and melody
- Focus on speech movement across various spatial planes

What experienced therapists and families report is that children with apraxia need frequent one-on-one therapy and lots of repetition of sounds, sound sequences, and movement patterns in order to incorporate them and make them automatic.

It is important to note that *"children with apraxia of speech reportedly do not progress well in their actual speech production with therapy tailored for other articulation problems or with language stimulation approaches."* (emphasis added).

And, we are advised by the Apraxia-Kids web site to "be careful of those who want to make detailed projections regarding how your child will do in the future, especially if they have not worked with or gotten to know your child.

The prognosis

While outcomes vary... the factors that appear to contribute to prognosis include:

- individual characteristics of the child; [including] receptive ability, cognitive ability, desire to communicate, age at which appropriate treatment is begun (preschool age is desirable) and attention span
- the extent to which other speech and/or language issues are present
- the extent to which therapy is tailored to the unique issues present in the child
- the extent of family participation and involvement in therapy follow-through at home.

The bottom line is, "with appropriate help, many children with apraxia of speech make wonderful gains in their expressive ability."

Apraxia of speech is a specific medical diagnosis covered by most insurances.

For more detailed information about apraxia, contact the national nonprofit for apraxia — the Childhood Apraxia of Speech Association, 123 Eisele Rd., Cheswick, PA 15024: (412) 767-6589; Internet: www.apraxia.org; e-mail helpdesk@apraxia.org.

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