

Responses to Questions from
SpeechPathology.com online seminar
1-17-18
Margaret (Dee) Fish

Participants, thanks so much for tuning in to today's webinar and for so many wonderful and thoughtful questions. I've responded to each question below – my responses are in italic type.

Best regards,

Dee Fish

1. How old was David when he began to speak? *David's mother reported he was 15 years of age when he began to speak. I met him when he was 19.*
2. How many of these 4 clients had literacy (reading/decoding) difficulties? *Claire was delayed in reading/decoding, but caught up pretty quickly. The other 3 children had significant difficulty with reading/decoding. David's reading/decoding has improved substantially, though reading comprehension is quite delayed.*
3. What would be a way that you focus on rate reduction? *To focus on rate reduction, I often begin by:*
 - a. *Having the child speak along with me (simultaneously productions) while I use hand gestures (gliding my hand along in a rhythmic manner as I speak to match the rhythm of my speaking). This way, I can fade the simultaneous productions and continue to use the hand motions as a metacognitive cue.*
 - b. *I also find that working on Juncture, which is "CHUNKING AND PAUSING" and is quite useful to address speaking rate. The child works on chunking portions of the sentence and then pausing at natural pause breaks. (e.g., "The boy was walking to the store with his mother," could be produced with two pauses and three chunks: "The boy was walking // to the store // with his mother." I have many more examples of addressing Juncture (super important for children with CAS) in the Prosody chapter of my book – not in the first addition, but in the Second Edition.*
 - c. *Pacing boards can be useful – you can find examples online – though for some children the pacing boards can reinforce robotic-sounding speech.*
4. For older children with significant cognitive and motor planning challenges whom are minimally verbal, what are your thoughts about teaching precision of articulatory movements versus teaching gross approximations to increase spoken vocabulary? For example, teaching "wah-da meh-win" with a syllable gap for "watermelon?" *For older children who continue to have gaps in their phoneme repertoire, I certainly work to help them achieve the closest approximation of words they can and to increase consistency in their productions of words at their closest approximation. Keeping critical members of the school team and family in the loop regarding those approximations is beneficial, so everyone is on the same page as to what to expect from the child. When keeping data for these children, I mark "correct" if the child produced the word/phrase as best he could given phonemic repertoire*

limitations or speech patterns that have not emerged yet, such as clusters. Thus, if the child does not have /l/ and /r/ yet, he would be scored correctly for “wah da me win,” but not if he said, “wah men.” Hope that makes sense.

5. I find it key to counsel parents each and every session for generalization and share all the drills, if you will, of the most facilitating to least facilitating practice goals. Do you find this helps as well for generalization. *Generalization has been shown to improve when children practice regularly outside the treatment session. For my clients whose families sit in each session, they have a notebook and keep track of cues and target words. If a family member cannot attend (or the child is seen in a school setting), video modeling of cues and sending home target words/phrases can be beneficial.*
6. I didn't understand the "squeeze" cue. *I'm sorry if the squeeze cue was confusing. When I was a younger therapist, I was taught that tapping or clapping out syllables of multisyllabic words can be beneficial to reduce syllable deletion. While this was true, I also began to observe that clapping hands or tapping blocks could inadvertently lead to more robotic productions of words. I began to have the child press down on the block (instead of just tapping the block lightly) that denoted the stressed syllable or squeeze his hands together when producing the stressed syllable. This added pressure of pressing or squeezing had an overflow effect that helped support increased loudness to achieve greater stress on the intended syllable.*
7. Do you have any videos of your therapy with students available for viewing? *I don't have videos I can share. I show many videos when I do live workshops, but many of my families prefer I don't share videos in online formats.*
8. Do you know in advance that each child's hearing is normal? *Yes, my clients have their hearing tested prior to my initial evaluation. All of the clients I spoke about today have WNL hearing.*
9. What is a good way to assess oral motor for assessments? *I encourage you to refer to Dr. Amy Meredith's webinar from Monday, as she spoke in depth about oral motor assessment as an important component of the assessment and went into significant detail about that.*
10. Is there a good book for addressing prosody issues? *I like to use many of my own activities, but I also use the Prosody Treatment Program by Linguisystems. You can copy this into your browser to find the information to order the book.*
<https://www.linguisystems.com/products/product/display?itemid=10888>
11. Do you address prosody in depth with examples in your book? *Yes, I do address prosody in my book in far greater detail than in today's webinar. There is an entire chapter of the book devoted to prosody, and I talk in more detail about all of the topics covered today, as well as additional topics of Rhythm, Juncture (chunking and pausing), and Tone of Voice.*
12. My friend's child is not quite 2 y.o and was just informed he may have CAS. Where would you start with someone this young?
13. I think the SLP jumped the gun in mentioning he has CAS, and he may just be a late talker.. hoping that's the case. Would love any input. Thanks!! *I think it's really difficult to make a confident diagnosis of CAS in a child who is under the age of 2 years. I certainly may suspect it and try to get imitation going. I have a chapter in the book devoted to*

working with children who are minimally verbal. Here is a link to a short article that you may find useful as a brief introduction on what to do with children who are minimally verbal. <https://www.apraxia-kids.org/library/a-dozen-tips-for-supporting-early-speech-development-in-children-with-severe-childhood-apraxia-of-speech/> In addition, there is a terrific article about speech/language development with children who are nonverbal or minimally verbal titled, "When Simon Says Doesn't Work..." If you're an ASHA member, you should be able to access the article. Here is the link to the abstract. <https://www.ncbi.nlm.nih.gov/pubmed/18930909>