

Speech Therapy: Different Approaches for Various Stages of Development

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Financial and Non-Financial Disclosures

- ▶ Financial Disclosures

- ▶ President of Sensible Rehab
- ▶ No other relevant financial relationship exists

- ▶ Non-Financial Disclosures

- ▶ Oregon Speech-Language Hearing Association Board Member
 - ▶ Advertising Chair and SLP Clinic-Based - no compensation as a member of the board

Overview

- ▶ Speech Therapy options
 - ▶ Feeding Therapy
 - ▶ Language and Early Intervention
 - ▶ Oral-Motor Therapy
 - ▶ Alternative and/or Augmentative Communication (AAC)
 - ▶ "Verbal" or "Traditional" Speech Therapy
 - ▶ Cognitive / Problem Solving Skills
 - ▶ Social Skills

Sensible Rehab

- ▶ Located in Salem, Oregon
- ▶ Mission statement "Proving sensible and evidence-based approaches for treatment, education, and prevention"
- ▶ Speech Therapy
 - ▶ Six full-time SLP's and one SLP-A
- ▶ Occupational Therapy
 - ▶ Three (soon to be four) full-time OTR/L's and no assistants yet
- ▶ Office Manager and her staff
 - ▶ Scheduling, Prior Authorizations, Referrals, Billings, Collections, Records Request

Personal Background

- ▶ Leisha started undergraduate school with a passion to help children and families who were at risk
- ▶ Contemplating "social work," through events and some turns ended up within the field of "Communication Disorders and Sciences" (a.k.a. "Speech-Language Pathology")
- ▶ One of those events was the birth of her cousin's son, Reece in 2002, who had a chromosomal abnormality, now known as "5p-"
- ▶ While completing undergraduate degree at the University of Oregon, she nannied her youngest two kids, including Reece
- ▶ 2006, moved to Salem, Oregon, to work at the Willamette ESD in the EI/ECSE programs while completing her masters from Nova Southeastern University





Doctors said he'd
"probably only live a
week"

and ...

"if he did live longer,
he'd probably
wouldn't talk, walk,
or live a full life"



He just celebrated
his 17th birthday!

Professional Background

- ▶ Willamette ESD, EI/ECSE, 2006-2010
 - ▶ Speech Groups, Specialized Preschools, Bilingual Programs
 - ▶ Started the Multidisciplinary Feeding Team
- ▶ Salem Keizer School District, 2010-2013
 - ▶ Title I Schools, Bilingual Programs
 - ▶ Multidisciplinary Feeding Team Member
- ▶ Broadway Life Center, 2011 to current
 - ▶ English Language Conversational Tutor
 - ▶ English Level 101 Instructor
 - ▶ Executive Team Member
- ▶ Education Testing Services (ETS), 2014 to current
 - ▶ Speech-Language Panelist and Item Writer for the Praxis



Professional Background

- ▶ Sensible Rehab, 2013 to current
 - ▶ Feeding/Swallowing Disorders
 - ▶ Augmentative and/or Alternative Communication
 - ▶ Contracted services:
 - ▶ Western Oregon University - Education Evaluation Center
 - ▶ Oregon Virtual Academy
 - ▶ Vocational Rehabilitation Services
 - ▶ School District Contacts
 - ▶ Nova Southeastern University
- ▶ Oregon Speech-Language Hearing Association Board, 2014 to current
 - ▶ Conference Committee Chair
 - ▶ Advertising Chair
 - ▶ SLPs Clinic-Based Representative

Common Experiences with Syndromes

- Hypotonia "low tone"
- Feeding Difficulties
- Cleft lip and/or palate
- Hearing/Vision Issues
- Cognitive Delays
- Speech/Language Delays

- ▶ Cri du Chat (5p-)
- ▶ Down Syndrome (Trisomy 21)
- ▶ Wolf-Hirschhorn Syndrome (4p-)
- ▶ DiGeorge Syndrome (22q11.2 deletion)
- ▶ Prader-Willi Syndrome (partial deletion of 15th chromosome)
- ▶ Fragile X Syndrome (FMR1 gene mutation)
- ▶ Treacher Collins Syndrome (TCOF1, POLR1C, POLR1D gene mutations)
- ▶ Pierre Robins Syndrome/Sequence (Chromosome 2, 11, or 17)
- ▶ Unbalanced translocation of 8th and 4th chromosome
- ▶ And many more...!

“

Your child is capable of things
NO ONE can predict.”

”

~Natan Gendelman, Diploma of Oestopathic Manual Practitioner

Feeding Therapy

- ▶ Feeding tubes
 - ▶ NG Tubes, G Tube, J tube
- ▶ Bottle feeding
 - ▶ Different bottles
 - ▶ Thickeners
 - ▶ Positioning
 - ▶ Adaptions for reflux
- ▶ Mouthing toys/food is essential for oral-motor development
- ▶ Chewy Tubes, Nuk Brush, Z-Vibe, etc.
- ▶ Mastication (Chewing) food
- ▶ Drinking from an open cup or straw cup
- ▶ Increasing the food inventory (e.g., categories, textures, colors, flavors, etc.)

Early Cognitive and Language Development

▶ Cause and effect

- ▶ Do they understand AND anticipate when you say "Ready-Set-Go" that something will happen right after the word "go"?
- ▶ Do they understand that as soon as you push a button the toy will make noise?
- ▶ Do they understand while you're holding the bubbles and take a big breath in that upon exhale, bubbles will appear?

▶ Play

- ▶ Do they use toys appropriately by themselves?
 - ▶ Pushing cars, throwing a ball, popping bubbles
- ▶ Do they use toys appropriately with another person?
 - ▶ Rolling a ball back and forth, pretending to feed someone else
- ▶ Do they understand "turn-taking"?
 - ▶ ***This is a key to language development regardless of modality

Oral-Motor Therapy

- ▶ Hot topic in the field of speech-language pathology
- ▶ Make sure the SLP is choosing specific exercises for your child based on the specific areas of deficit or need
 - ▶ Example: chewy tubes can be used to increase strength of the jaw/cheek muscles needed for mastication
 - ▶ Example: button pull exercise can be used to increase the awareness and strength of the lip muscles needed for lip closure sounds like /m,p,b/ as well as maintain the lip seal during chewing/swallowing activities
 - ▶ The SLP should be able to explain WHAT and WHY the exercises are being provided
- ▶ For children with low tone (hypotonia), improving strength and endurance can directly affect feeding (eating/drinking) as well as verbal speech

Augmentative / Alternative Communication

- ▶ Sign Language / Gestures
 - ▶ Pros: always accessible
 - ▶ Cons: dexterity is essential, limited understanding within the community
- ▶ Picture Exchange Communication System (PECS)
 - ▶ Pros: visual representation, less "stimming" than with signs and voice output, portable, light weight
 - ▶ Cons: can be limiting (only having certain number of pictures available), no voice output model
- ▶ Voice Output Devices
 - ▶ Pros: access to wider variety of vocabulary/phrases, verbal model, can easily "grow" with the child
 - ▶ Cons: expensive (insurance may cover), can be heavy, can be more "fragile" although many are considered "durable"

"Verbal" or "Traditional" Speech Therapy

- ▶ Verbal communication should ALWAYS be the end goal after establishing the most effective means of communication
 - ▶ Can use signs/pictures/AAC, at the SAME TIME as the child is working on verbal speech
- ▶ How does a child learn verbal speech?
 - ▶ Models and practice
 - ▶ Appropriate strength (which is relatively minimal) and breath support
 - ▶ PROMPT "is a tactile-kinesthetic approach that uses touch cues to a patient's jaw/tongue/lips to manually guide them through a targeted word/phrase/sentence"
 - ▶ www.promptinstitute.com
 - ▶ Originally developed for "childhood apraxia of speech" but has been researched to be effective for other developmental motor speech disorders as well like "dysarthria"

Cognitive / Problem Solving

- ▶ Following directions
- ▶ Attention
- ▶ Memory
- ▶ More complex puzzles
- ▶ Reasoning
- ▶ "Life skills" (e.g., following a recipe, making a grocery list, following a schedule/routine)



Social Skills

- ▶ Perspective Taking
- ▶ Problem Solving
- ▶ Pragmatics
 - ▶ Not just WHAT you say but HOW you say it and WHEN you say it

What about insurance?

- ▶ Most insurances will cover speech therapy
- ▶ Sometimes it's a “coding” puzzle to get it approved
 - ▶ Ask what diagnosis codes ARE covered
 - ▶ Example: F80.1 Expressive Language Delay might not be covered because some insurances consider it “developmental” but maybe a different code like “dysarthria” is covered

Questions and Answers?

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