

SPEECH/LANGUAGE PATHOLOGY SERVICES

Speech Language Pathologists (SLPs) are interested in communication & its physiological mechanisms. Therapy is intended to promote optimal feeding and speech & language skills in order to reduce or prevent undernourishment and/or delays in speech & language.

SLPs who work with infants under 6 months of age concentrate on the physiological development of oral, pharyngeal, & laryngeal movement patterns used in eating & speaking. Related foci are the infant's ability to produce vocalizations and the cognitive foundations of language. For older children, the focus is on verbal & non-verbal communication, voice disorders, & dysfluencies.

An evaluation generally consists of playing with & observing the child, and interviews with families & providers. A criterion-referenced assessment might be used, and for children over 18 months, standardized language assessments may be administered (e.g. Preschool Language Scales, III).

Therapy for infants younger than 6 months may involve direct intervention & significant caregiver training. For instance, some interventions for feeding difficulties include guiding non-functional oral motor movements to result in appropriate patterns, or stimulation to trigger swallowing. Training could involve showing the family how to stimulate the child's speech, communicative behaviors & listening skills. For example, the family could make a game out of imitating any sound that the child makes to encourage the child to produce more sounds.

For older children, therapy focuses on supporting speech & communication development. Listed below are a few examples of services:

- 👤 Facilitate receptive skills (e.g. understanding others) by developing attending skills & cooperation through play using different sensory modalities & repetitive labeling.
- 👤 Enhance expressive skills (e.g. verbal output) by modeling speech and playing with environmental sounds (e.g. car).
- 👤 Consider augmentative communication devices or other assistive technology for children with neuromuscular deficits (e.g. cerebral palsy, traumatic brain injury), and help the child learn to use the devices (e.g. press buttons with pictures) to convey basic needs.
- 👤 Educate families about the cause of the disorder and discuss ways to adapt the home environment (e.g. turn down TV) and to interact with the child to facilitate the child's communication.

"I feel lucky to share a small piece of these families' lives, and for all the things I learn from the child and family."

- Speech Language Pathologist

