

What Is Speech and Language Therapy?

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Introduction

Your child will be enrolled in speech and language therapy. This article will help you answer questions like: What is therapy? How can therapy help your child? How can you choose the best therapy setting for your child?

Evaluation: The basis of therapy

The evaluation your child received or is currently completing is the first step of therapy. Evaluation includes careful observation and measurement of your child's speech and language abilities. From these observations and measurements, the clinician develops a treatment plan to meet your child's special needs. Measurement does not end here, however. Throughout therapy, the clinician will measure your child's progress to set new goals for learning. Precise evaluation is an important part of therapy.

Therapy as a process

Speech and language therapy involves a series of activities to meet specific goals. These goals are usually accomplished over time. Only rarely can a child's communication skills be changed in one or two sessions.

The length of therapy cannot really be predicted. But usually the more serious the disorder, the longer the period of therapy. This is not to suggest that your child will fail to improve right away. You may see immediate improvement. Then a period of gradual progress may begin. Or, your child may show steady improvement from the beginning. Or, sudden spurts of growth may occur throughout therapy. The rate and pattern of improvement is different for every child. Keep this in mind when your child starts speech-language therapy.

Therapy procedures

There are many successful ways to treat children's communication disorders. These procedures have several factors in common:

1. **Your child will learn new skills in therapy**
Depending on the nature of your child's disorder, the child may be asked:

- To learn new behaviors (such as pronouncing a certain speech sound).
- To modify behavior that interferes with adequate communication (such as reducing speech rate or the loudness of voice).
- To relearn skills that were lost due to an acquired disability.
- To improve speech through muscle stimulation and by combining motor-speech practice with medical procedures such as surgery or dental appliances.
- To augment oral communication with a variety of alternative, non-vocal communication devices (gestures, *sign language*, *communication boards*, or electronic instruments that produce synthesized speech).

2. Speech and language therapy proceeds in small steps

Therapy is based on a carefully designed sequence of practice. The clinician selects key communication skills that are taught in several ways—drill and practice, play interactions, or conversations.

The difficulty of the response required from your child is gradually increased over time. Thus, your child may be asked to practice using single words before using phrases and sentences. The clinician is careful to *reinforce* or reward desired responses. Your child is clearly told which responses are correct and which are not correct. This is called *feedback* and it helps your child in the learning process. The therapy is programmed in small steps so that your child receives much success and reward, especially early in therapy. Gradually, your child is challenged to improve or expand speech and language skills.

3. **The clinician will try to develop a good interpersonal relationship with your child**
Your child will learn best in a warm and supportive environment. The clinician also uses games, rewards, and play activities to maintain your child's interest and stimulate the child to learn.

4. Parents play a key role in the therapy process

You will probably be asked to help by observing your child outside of therapy and helping your

child practice at home. Sometimes you will need to learn how to respond to your child's communication difficulties. Or, you may learn how to *model* certain speech and language forms as an example for your child. The clinician will prepare you for these activities by providing information, general counsel, or specific skill training. You can also help by assuring your child's steady attendance at therapy sessions. Most important, you can model for your child a positive attitude about the therapy process.

Frequency and length of therapy sessions

How often your child attends therapy depends upon the child's age, the nature and severity of the communication disorder, and practical considerations of the cost and availability of services. Clinicians agree that one session per week is usually not enough, because it is difficult for the child to remember what has been learned. Most commonly, children are seen for two to three sessions per week. For some speech disorders, such as stuttering and certain *articulation* problems, daily treatment is often most successful. More rapid and permanent progress will occur than when therapy is spread out over time. Such intensive programs are rarely available except in public school settings.

The length of sessions also varies. If your child is a preschooler, it is probable that individual therapy sessions will be thirty minutes. Sessions are often one hour if treatment is in a group. Typically, sessions for older children are forty-five to sixty minutes.

Therapy settings

Often parents have a choice about where to seek speech and language therapy services. Public schools provide speech and language therapy for school-age children in every state. Some states extend services to preschool children. Most major hospitals have outpatient programs that serve children with speech and language handicaps. A number of state health agencies sponsor community clinics. Other options are a university speech and language clinic and services provided by professionals in private practice. In some cases, speech and language therapy may be carried out in the home environment.

As you explore these options, you should know that fees vary. You may want to check with your insurance company to find out which services they will fund.

Clinician qualifications

The recommended minimum qualifications of a speech-language clinician are a Master's Degree plus national certification from the American Speech-Language-Hearing Association. This certification is signified by the letters C.C.C., which stand for Certificate of Clinical Competence. Some states require a license for individuals in private practice. You should be comfortable in asking a clinician whether he or she has these credentials. One exception to this rule would be in university clinics, where graduate students carry out treatment. In this instance, you would want to be sure that students are supervised by instructors with an M.S. or M.A. degree and C.C.C. certification. In addition to these minimum qualifications, you should only seek and stay with those clinicians who have scientific knowledge plus a caring approach to the therapy process.

Vocabulary

Articulation—The production of speech sounds.

Communication board—An aid for people with speech difficulties. The board contains pictures or representations of numbers, the alphabet, and commonly used words. The person uses the board to communicate by pointing to the pictures which express the desired message.

Evaluation—Careful observation and measurement of a person's speech and language abilities.

Feedback—Information provided on the correctness of the learner's responses.

Model—To provide a correct example for the learner to follow and imitate.

Reinforce—To reward desired behavior.

Sign language—Communication using a system of gestures rather than spoken words.

Refer to:

1.2 The Speech and Language Evaluation