Speech Therapy (ST)

Our speech-language therapists are specially trained to help your child develop language, appropriate and functional skills needed for communication, and feeding. Standardised assessment tools and clinical observations are used to determine the strengths and weaknesses of your child. Through this, a customised intervention plan may be developed. Individual and group therapy are available depending on your child's needs.

Our speech-language therapists are trained to assess and treat children with:

1. Speech and Language Delay/Disorder

Children with speech and language delay develop language in the right sequence but at a slower rate. This group of children commonly speak in short sentences, with much less vocabulary compared with their peers. On the other hand, speech and language disorder describes abnormal language development. Speech-language delay/disorder is commonly associated with other developmental problems, including global developmental delay, autism, down syndrome, hearing impairment, early developmental impairment, and other neurological or cognitive functioning.

2. Specific Language Impairment

SLI is a language disorder that delays the mastery of language skills in children who have no hearing loss or other developmental delays. Children with SLI are often late to talk and may not produce any words until they are 2 years old. At age 3, they may talk, but may not be understood. As they grow older, children with SLI will struggle to learn new words and make conversation. Having difficulty using verbs is a hallmark of SLI. Assessment tools are used to evaluate the child's language skills on how well he/she constructs sentences and keeps words in their proper order, the number of words in his or her vocabulary, and the quality of his or her spoken language.

3. Speech Sound Disorders: Articulation and Phonological Processes

Speech sound disorders include problems with articulation (making sounds) and phonological processes (sound patterns). Children develop the ability to produce speech sounds at different rates. By 2-3 years old, a child's speech is 50-75% intelligible, while by 3-4 years old, 75-80% of the speech is intelligible. As children grow older, they learn to use more and more speech sounds that may have been difficult to pronounce in the past. When a child does not develop articulation skills at an expected age, he/she may have articulation disorder. Our speech therapists use a formal articulation test to record sound errors and oral-peripheral mechanism examination to determine if muscles needed for articulation are working correctly. Intervention may be recommended if the sound is not appropriate for the child's age or if it is not a feature of a dialect or accent.

4. Stuttering/Stammering or Dysfluency

Stuttering/stammering is a form of speech disorder where the flow of speech is disrupted by involuntary repetition and prolongation of sounds, syllables, words or phrases and involuntary pause or block in which a child is unable to produce sound. Our speech-language therapists use formal assessment tools and clinical observations to determine severity of stuttering/stammering. Based on these results, the therapists would then be able to make individualised intervention goals for the child.

5. Feeding and Swallowing Issues

Feeding disorders include problems gathering food and getting ready to suck, chew, or swallow it. For instance, a child who cannot close his or her lips to keep food in the mouth while chewing may have a feeding disorder.

A child with a feeding disorder does not consume enough food (or liquid, or a broad enough variety of food) to gain weight and grow normally. General feeding difficulties are relatively common among most children. For example, a child may be a picky eater and consume a limited number of foods, but the foods eaten span all the food groups and provide a well-balanced diet. A child with a feeding disorder, on the other hand, may only eat a few foods, completely avoiding entire food groups, textures, or liquids necessary for proper development.

Different types of feeding disorders:

• Trouble accepting and swallowing different food textures

• Throwing tantrums at mealtimes

• Refusing to eat certain food groups

• Refusing to eat any solids or liquids

• Choking, gagging, or vomiting when eating

• Oral motor and sensory problems

What are the steps?

Step 1: Evaluation

Before entering the program, each child is assessed so we gain a better understanding of his or her feeding disorder and current family meal practices. Oftentimes, additional testing or treatment options are recommended after the assessment.

Step 2: Treatment

The team uses the results of these evaluations to develop a treatment plan tailored to the child's unique needs.

Step 3: Training

In addition to working with each child, we teach the family and caregivers how to incorporate treatment approaches into home and community life.

How is Speech-Language Assessment and Treatment Planning done?

An assessment can take one to two 60-minute sessions to complete, depending on the child's needs. Our therapists utilise formal assessment tools, informal assessments, clinical observations, and parent interviews when assessing the child.

Once assessment is completed, our therapists will give parents verbal feedback on the assessment results. A written report may be made available upon request. If therapy is needed, a treatment plan with therapy goals will be outlined and will be discussed with the parents.

Depending on the child's needs, therapy can be provided in both individual and group settings. Our speech therapists utilise traditional speech therapy methods together with therapy techniques tailored to each child's needs to facilitate and promote remediation and development of speech, language, and communication skills. Therapy is done in a playful and meaningful manner and parent/caregiver involvement is strongly encouraged.

Therapy Techniques:

Sequential Oral Sensory Feeding Approach

The Sequential Oral Sensory (SOS) feeding approach is an effective and non-invasive way to treat difficult feeding behaviours in children. It focuses on systematically increasing a child's comfort level with a variety of foods, by exploring and learning about the different properties of food (e.g. texture, taste, smell, and consistency). The SOS approach uses a hierarchy for feeding, beginning with the ability to tolerate food in the room, in front of him/her, touching and eventually tasting and eating foods. It allows a child to interact with food in a playful, non-stressful way.

Oral Placement Therapy

Oral Placement Therapy is a form of oral-motor therapy used to target specific movements needed for improving speech clarity and feeding. Therapists may use tools (e.g. chewy tubes, straws, horns) to facilitate development of oral motor skills. It is one aspect of oral motor therapy program that works on the motor components used in feeding and speech. Oral placement therapy is always used together with traditional speech therapy methods so that child's oral-motor skills may be functionally applied to different settings.

PROMPT Technique

PROMPT is an acronym for **Prompts for Restructuring Oral Muscular Phonetic Targets**. The technique is a tactile-kinesthetic approach that uses touch cues to a child's articulators (jaw, tongue, lips) to manually guide them through a targeted word, phrase or sentence. The technique develops motor control and the development of proper oral muscular movements, while eliminating unnecessary muscle movements, such as jaw sliding and inadequate lip rounding.

Auditory-Verbal Therapy

Auditory-Verbal Therapy focuses on learning through listening and speaking. This approach helps children who are deaf or hard of hearing to develop spoken language through listening when their hearing is properly aided. Caregivers actively participate in therapy. Through demonstration and coaching, parents become primary facilitator for their child's spoken language development.

Augmentative and Alternative Communication (AAC)

Augmentative and Alternative Communication (AAC) is a collective term for a range of communication devices that can be used for a variety of individuals who have difficulty communicating. AAC devices may be used to facilitate communication and language development.

AAC devices range from "no-tech" options (e.g. a communication board printed on paper) to "low-tech" (e.g. a little Mack) to "high-tech" devices (e.g. *Proloquo2go* on the iPad or tablets).

The Hanen Programme for Parents: It Takes Two To Talk

It Takes Two to Talk™ is a well-known model of family-focused early language intervention for young children with expressive and/or receptive language difficulties. The goal of this workshop is to empower parents to become their child's primary verbal behaviour facilitator, thereby maximising the child's opportunities for communication development in everyday situations.

"It Takes Two to Talk" is best suited to treating late-talking toddlers and preschool-age children with specific language impairment and children with cognitive and developmental delays under the age of five.

The Hanen Programme for Parents: More Than Words

More Than Words™, is a family-focused program that equips parents of children as old as 5 years with practical tools to use in everyday activities. Parents learn to help their children with Autism Spectrum Disorder or social communication difficulties connect and communicate meaningfully with the world around him.

Parents will learn strategies to achieve four goals: 1) engagement in frequent enjoyable two-way interaction; 2) more mature and conventional communication; 3) learn to communicate for different purposes with different people; and 4) improved understanding of language.

The 10-session program is conducted by Hanen Certified speech-language therapists. Through activities and group discussions, parents learn to create and take advantage of everyday opportunities, emphasizing the importance of affect, predictability, structure, and the use of visual supports to help their child communicate and use language. The program is supported by the new edition of the popular parent guidebook, It Takes Two to Talk and More Than Words and videos developed specifically for the program.