

How to Find a Speech-Language Pathologist When Your Child Has Apraxia of Speech

Your child has been diagnosed with Childhood Apraxia of Speech (CAS) or is suspected of having CAS. According to the American Speech Language Hearing Association (ASHA) Position Statement) on CAS, a speech-language pathologist (SLP) is the appropriate professional to make the diagnosis of CAS and to provide treatment for this disorder. You are now on a mission to find an SLP to treat your child. Many parents wonder: How do I begin this part of the CAS journey? This brochure is intended to provide guidance in selecting an SLP. Please note that if you live outside of the United States, your therapist may have a professional title other than SLP.



What Qualifications Should I Look For in an SLP?

The SLP should be certified by the American Speech Language and Hearing Association (ASHA). In order to be certified, an SLP must have completed all coursework in an accredited program, have passed a national exam, and have completed a residency called a Clinical Fellowship Year (CFY). In addition, an SLP is required to participate in continuing education in order to retain the Certificate of Clinical Competence (CCC). Look for these credentials after an SLP's name: CCC-SLP or CFY-SLP (an SLP currently in his/her residency). For countries other than the United States, look for clinicians who are associate members of ASHA and/or individuals who are affiliated with the professional organization of their country. Be aware that there are different training requirements among countries.

Okay, the SLP is Certified – Now What?

Speech clinicians work with a great variety of disorders and with individuals from birth to senior citizens. Training programs cannot prepare new clinicians fully to diagnose and treat every disorder, so clinicians typically obtain more in-depth knowledge about their areas of practice through on-the-job training and continuing education opportunities after they have completed their degree. Therefore, parents should understand that, even though an SLP has credentials, it does not mean that s/he has experience in the area of CAS. Just as physicians have members of the profession who are generalists (e.g., family practitioners, general internists) and specialists (e.g., pediatricians, orthopedic specialists, surgeons), practitioners of speech-language pathology may have broad education and experience or more specialized education and experience.

ASHA recommends that the diagnosis and treatment of CAS be done by certified speech language pathologists with “specialized knowledge in motor learning theory, skills in differential diagnosis of childhood motor speech disorders, and experience with a variety of intervention techniques that may include augmentative and alternative communication and assistive technology” (ASHA position statement). It is possible for a general practitioner, such as a school clinician to have this kind of specialized training for CAS, so this is something you will want to explore with ANY clinician who works with your child.

Questions to ask a SLP

- What type of training do you have in childhood motor speech disorders, and where did you obtain it? The SLP should be able to describe coursework or continuing education programs (workshops, seminars) specific to CAS. Based on this advanced knowledge in CAS, the SLP should be able to give you a detailed description of CAS, including an explanation of how it differs from other speech production disorders.
- What experience do you have in evaluating and diagnosing children for CAS? What areas do you assess? “A well-trained speech-language pathologist with specific experience in pediatric speech sound disorders, including motor speech disorders, is the appropriate professional to assess and diagnose CAS.” (ASHA Technical Report, page 53). An assessment should include “nonspeech oral-motor, speech production, prosody, voice, speech perception, language, and, for older children, metalinguistic/literacy skills.” (ASHA Technical Report).
- What experience do you have with treatment of CAS? What age range have you served? Generally, more experience is better. However, a young clinician who is willing to learn and possibly work with a mentor to improve their skills may bring a fresh perspective and enthusiasm to treatment, so be willing to consider individuals with a range of experience. ASHA recommends that private practitioners have at least 3 years of experience to help assure a skill level to practice unsupervised, and as mentioned above, ASHA recommends that clinicians that work with children with CAS have experience with a variety of intervention techniques.
- What is your approach to treatment? How is treatment for my child going to be different than treatment you may provide to a child with a different diagnosis? Your clinician should be able to describe a treatment approach that is different from treatment for other speech problems such as phonological disorder, or dysarthria, as well as the types of goals they work on in therapy and how they monitor progress. You should expect to see some progress (it may be slow at first) within the first few weeks of therapy. If there is little or no progress over a number of months, there should be modifications to treatment. Because CAS is considered primarily a motor speech disorder, you should expect the clinician to also be able to explain how they incorporate principles of motor learning into treatment. The principles of motor learning tell us how to practice in order to improve motor skill. These principles will influence treatment decisions, including:
 - a. Type of therapy. Individualized treatment is recommended for children with CAS in order to ensure maximum practice opportunities, focused attention, and occasions for specific feedback in order to provide the child with the best chance for making gains. Individualized treatment should always take into account the child’s age, severity of the speech disorder, developmental level, and other co-occurring issues, such as developmental delay, ADHD, etc.
 - b. Frequency of therapy. More frequent, shorter sessions are preferable to fewer, longer sessions, within the constraints of a given setting or situation. “There is emerging research support for the need to provide three to five individual sessions per week for children with apraxia as compared to the traditional, less intensive, one to two sessions per week” (ASHA Technical Report, page 55).
 - c. Length of sessions. With sufficient intensity of effort within a session, they do not have to be long. 30 minutes, with many speech repetitions by the child can be more powerful

than an hour-long session in which the child needs breaks from the “work” of therapy. Please remember that a child’s age and ability to participate in structured tasks also needs to be taken into account.

- d. Intensity of work in the session. The number of speech repetitions in a session should be maximized, taking into account the severity of the child’s speech disorder, their developmental level, and other co-occurring issues, such as developmental delay, ADHD, etc.
 - e. How practice is organized within a session. For new learning, many speech repetitions in a predictable sequence may be helpful for acquiring the skill. Once a speech target is acquired, practicing fewer repetitions and spacing out the practice can help to generalize the skill. Knowing how and when to modify the practice schedule can contribute to making the best possible progress.
- What experience do you have with augmentative and alternative communication (AAC) and assistive technology (AT)? Do you ever incorporate AAC/AT into treatment or refer children to AAC /AT specialists? As mentioned above, ASHA recommends that clinicians that work with children with CAS have experience with a variety of intervention techniques, including alternative and augmentative communication.
 - How do you include parents and other caregivers in the treatment process? It is beneficial for the child to see parents/caregivers and clinician working together as a team. There can be challenges, such as a child who is less cooperative with their parent in the room. However, sharing treatment goals and providing activities for supporting the work of therapy outside of the therapy room can be addressed in a variety of ways. When clinician and parents/caregivers work together with a sense of mutual trust and respect, it is great for the child!

Special NOTE: There is a lack of research evidence that activities such as blowing, puffing, licking peanut butter or other similar “non-speech” actions will help improve speech in a child whose primary speech difficulty is due to CAS. Rather, motor learning principles tell us that to improve a motor skill, we need to work on that skill directly. That means, to improve speech motor skills, the child needs to work on speech and not on “mouth exercises” that do not involve speaking.

You may want to ask the SLP to talk with you about his/her areas of interest in speech-language pathology, his/her perceived strengths/weaknesses as a clinician, etc. A confident, competent SLP should be willing to discuss these questions with you and to engage in a process of ongoing education about your child and their progress in therapy.

Where Can I find an SLP?

There are many places to look for a qualified clinician.

www.asha.org Click on “The Public,” Click on “Find a Professional,” Click on “Find a Professional Near You.” You can choose individuals who have indicated they have experience with apraxia to help narrow your search. This is a voluntary registry and may not include all of the certified SLP’s in your area, and there’s no guarantee of their level of expertise, but it can be a helpful resource to begin your search.

www.apraxia-kids.org. Write to the helpdesk@apraxia-kids.org to see if there are any SLPs who have identified that they are experienced treating children with apraxia of speech and are from your area or state.

Your local school district or early intervention agency.

Call the main office and ask to speak with the SLP supervisor and/or someone in the special education department. Ask if they have clinicians who have experience or expertise in CAS. You may be assigned to the clinician serving a particular building or age range. Be aware that you still have the right to request appropriate services.

University training programs

A university that offers a program in speech-language pathology typically has a clinic providing services for children and may have specialists in CAS. Treatment is usually provided by student clinicians under the direction of a clinical supervisor. University training programs can be located here: <http://hes.asha.org:8080/EdFind/Masters/MastersSearch.aspx>

Private providers who specialize in CAS.

Check your yellow pages or try www.therapistratingz.com or www.yellowpagesforkids.com

Philanthropic organizations.

Organizations such as the Scottish Rite's RiteCare Clinics, may provide services in the area of CAS. Search the directory at www.scottishrite.org/what/phil/rc-directory.html . Other organizations, such as Sertoma, may be able to guide you to SLPs with expertise in CAS.

Word of mouth.

Other parents who have been satisfied with their SLP who has expertise in CAS can be a great resource for finding an individual clinician or an agency where appropriate services can be obtained. CASANA's Apraxia-KIDS Online resources are a great way to connect with other parents and locate a SLP. Visit www.Apraxia-KIDS.org and view options to connect under "eCommunity".

References:

American Speech Language Hearing Association (ASHA) Position Statement on Childhood Apraxia of Speech. See <http://www.asha.org/docs/html/PS2007-00277.html>

American Speech Language Hearing Association (ASHA) Technical Report on Childhood Apraxia of Speech. See <http://www.asha.org/docs/html/TR2007-00278.html>

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