

Childhood Apraxia of Speech (CAS)

What is CAS?

- It is a motor speech disorder. Children with CAS have problems saying sounds, syllables, and words. This is not because of muscle weakness or paralysis. The brain has problems planning to move the body parts (e.g. lips, jaw, tongue) needed for speech. The child knows what he or she wants to say, but his/her brain has difficulty coordinating the muscle movements necessary to say those words.

Signs and symptoms

A very young child:

- Does not coo or babble as an infant
- First words are late, missing sounds
- Few different consonant and vowel sounds
- Problems combining sounds
- May have problems eating

An older child:

- Makes inconsistent sound errors
- Understands language better than he/she can talk
- Difficulties with fine motor movement/coordination
- Over sensitive (hypersensitive) or under sensitive (hyposensitive) in their mouth
- Difficulties learning to read, spell, and write.

How is CAS diagnosed?

- An audiologist should perform a hearing evaluation to rule out hearing loss as a potential cause of speech difficulties.
- Contact a certified Speech-Language Pathologist to perform an evaluation in which will assess oral-motor abilities, melody of speech and speech sound development

AAC

What is AAC?

-all forms of communication (other than oral speech) that are used to express thoughts, needs, wants, and ideas. We all use AAC when we make facial expressions or gestures, use symbols or pictures, or write.

Benefits of AAC for minimally verbal children:

- Increases the quality and quantity of language
- Increase opportunities for social interaction
- Reduces frustration and behaviors related to limited communication.

Intervention

- Minimize pressure on child to speak.
- Imitate child in joyful, exaggerated way
- Secure child's visual attention

Ways to facilitate:

-Overall motor imitation:

1. Large Motor (rocking, stomping, waving arms)
2. With objects (banging drum, stacking blocks)
3. Subtle gestures/signs (wiggling fingers, shaking head, signing "more")
4. Oral-facial (sticking tongue out, smacking lips)

-Vowels:

/i/ "bee"	-Produce E in Old Macdonald song :EIEIO -emergency vehicle sounds -pretend to be a monkey
/a/ "Hot"	-play dentist -sighing after pretending to smell flowers
/u/ "shoe"	-pretend to be a ghost, smell a skunk, be an owl

Consider Developmental Norms to determine target phonemes for minimally verbal children.

Shriberg's Early eight, mid-eight, late eight

Early Eight	/m ,b, "y", n, w, d, p ,h/
Mid- Eight	/t, "ng", k, g, f, v, "ch", "j"
Late Eight	"sh", s, "th", r, z, l, "zh"