SPEECH-LANGUAGE PATHOLOGIST PREFERENCES FOR TREATMENT TYPES FOR CHILDHOOD APRAXIA OF SPEECH

MEEGHAN HOOSE
CHILDHOOD APRAXIA OF SPEECH (CAS)

- Developmental apraxia
- “A motor speech disorder that makes it hard for children to speak.” (American Speech-Language-Hearing Association)
- Different treatment methods
Motor-Programming Approach to CAS

- Approaches that, “utilize motor-learning principles, including the need for many repetitions of speech movements to help the child acquire skills to accurately, consistently, and automatically make sounds and sequences of sounds.” (American Speech-Language-Hearing Association)

- Kaufman Speech to Language Protocol (K-SLP)

- Dynamic Temporal and Tactile Cueing (DTTC)
LINGUISTIC APPROACH TO CAS

- Phonological awareness intervention
  - Targets specific speech and literary deficits
- Increase in complexity as the child progresses
- Generalization
COMBINATION OF MOTOR-PROGRAMMING AND LINGUISTIC APPROACHES

- Expanding phonological inventory and producing consistent sounds
- Imitation and spontaneous production
  - Reaching results quickly and increasing the ability to generalize
SENSORY CUEING APPROACH TO CAS

- Assumption that the child knows the sounds
  - Difficulty lies in voluntary motor movements

- Touch-cue method, three stages
  - Topographic indicators
  - Incorporation of movements into words
  - Carryover into spontaneous speech
RHYTHMIC APPROACH TO CAS

- Therapy follows the natural rhythm of speech
- Rhythmical cueing such as internal pacemakers
- Producing target words in synchrony with an auditory signal
  - Tailor the intervention to the child's needs
RESEARCH DESIGN

- Literature review
- Collecting data
- Analyzing data
How many students with a diagnosis of Childhood Apraxia of Speech (CAS) are on your caseload in the 2018-2019 school year?

![Figure 1](image-url)
For each student included in question number one, estimate how long each student has received treatment for CAS.
What treatment methods do you believe are most effective for your treatment of children with mild-moderate CAS? For example: motor-programming, linguistic, combination of motor-programming and linguistic, sensory cueing, and rhythmic approaches.

Treatment methods used for treatment of children with mild-moderate CAS

Figure 3
What treatment methods do you believe are most effective for your treatment of children with moderate-severe CAS? For example; motor-programming, linguistic, combination of motor-programming and linguistic, sensory cueing, and rhythmic approaches.
Please add your observations of students' responses to particular treatment methods.

- Beginning with a lot of support and slowly decreasing support
- Treatment methods are adjusted based on progress
- Specific treatment types
ANALYSIS OF SURVEY DATA

- Similar results to the literature review
  - Literature has broad topics
  - Survey results are more specific

- Future research
  - Larger sample size
  - Longitudinal study
REFERENCES


