

5 Common Problems with Apraxia Therapy (& How to Fix Them)

Intro

Welcome to the SLP Happy Hour Podcast. I'm Sarah an SLP in private practice, I also have a TPT store and coach SLPs starting private practices. You can find that and all information mentioned here at: www.slphappyhour.com

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Common Problems with CAS Therapy

Up today, six common problems with therapy for CAS and how to fix them. As a private practice SLP, I've noted that my caseload has a lot more CAS than when I worked in the schools. I think this is because if a family is going to commit to speech therapy (especially a few times a week) they may need to invest financially (or have great insurance) and they definitely have to invest time and practice in attending speech therapy. I try to see my students with CAS for 30 minutes (because of insurance reimbursement rates, that's how long my sessions are, not because it's best for CAS) twice a week - mainly because very few families can come in three times per week but that works even better. So in private practice, I have many more students with CAS than I previously had in the schools. This has meant I have had to learn a lot about CAS, try some things, and if they don't work start all over and try again.

If you are an SLP looking for resources for Childhood Apraxia of Speech, I would recommend you go to teacherspayteachers.com and search for the SLP Happy Hour store. There, you will find an Apraxia bundle which includes: apraxia homework, session ideas, data ideas and even more. Everything in that packet is no prep and print and go so you can choose an activity, print out the words and start your session. I'll link to that in the show notes.

(one) It's too boring

I'm going to be honest, with my own therapy I've struggled with some students who have been seeing me for a few years - I feel like I've done it all with them. In these sessions, it can get repetitive pretty quickly. I only have so many toys (especially since I recently moved into a therapy space half the size of my previous one, meaning I had to get rid of toys and store even more). So I've been feeling like I absolutely need to mix it up when it comes to Apraxia therapy. So let me take you into my speech room and share with you 5 different activity suggestions for a student I have who is 3 years old, let's call him Archer. For Archer, each session is about half

drill and half naturalistic play with recasts using Fisher Price toys (the pirate ship, the house), because if we do more drill he will cry, tantrum or refuse - and I don't want to go there.

So for Archer we are working on repetitive productions of the word "see," he has both CAS and a phonological collapse where many sounds default to /d/ including /s/. Because /s/ is such a frequent sound in the English language, I want to focus on that.

For now, we aren't working on many phrases, because this task is so hard for him that we really need to stick to the word level, but as soon as he can successfully say "see" at the word level, I'd want to include common phrases with that word and add in more words - but we aren't there yet.

Activity Ideas

Activity 1: I have pull back cars and a ramp, I pull out two cars, he chooses which one he wants, I put it at the top of the ramp and he says "see"

Activity 2: A lift the flap book to practice the word "see" - this week I did the book "Dear Zoo" and when we lift the flap we would do "see" and I expand with "see + animal"

Activity 3: Plastic eggs with toys hidden inside, we might go through the fabric tunnel for example and then get an egg, open it up and talk about what we see - so I'm making a short obstacle course and then we are opening the eggs.

Activity 4: Crocodile Dentist and Fisher Price Little People - I learned this play routine from an Autistic student I see, and it is so creative and I love it. We open the mouth of the big crocodile for the Crocodile dentist game, we put one of the figurines (person or animal) into it's mouth and press on the teeth until it closes. Then the person inside says "help me!" and we open the crocodile's mouth and work on "see" or "see + person or animal"

Activity 5: Kinetic Sand and Little People - another play routine I learned from an Autistic preschooler I work with (I honestly feel like my best and most creative play routines I've learned from this population) - burying an item or a toy figurine in the kinetic sand, pulling it out and working on "see"

I hope these 5 play ideas give you some ideas of things you can do in your own speech room so that you can get multiple productions of a target word within several activities. For Archer, I do see some underlying phonological awareness skills that are a challenge for him so we really are working on 1-2 words per session, and lots of repetitions of those words, as well as using phonological approaches in sessions, which I'll talk more about later in this episode.

(two) The wordset is too large

When the wordset is too large with CAS, students get frustrated and may refuse activities or really lose faith that they can be successful within sessions, and I've seen that with Archer. So you cannot just print an articulation worksheet and hope for the best. I recommend working with 1-3 words per session for most students, and no more than 5 words per session for most students. This is especially true for the early stages of therapy, later on I do tend to bring in more phonological approaches, which I'll address a bit later here.

So why are we using a smaller word set?

- More frequent practice of fewer words = more motor planning practice
- Students see their own success = want to keep practicing
- An added benefit = let parents know one of your words to practice at home throughout the week - it's easier for parents to focus on one word at home so kids get even more practice at home

(three) There isn't motor practice and motor planning instruction

So, we know we need to apply principles of motor learning to our sessions for children with CAS - but practically, what does that mean?

If you are getting started with CAS therapy, here are my top tips regarding where to start:

- Get many productions of target words (I go for at least 50 whenever possible), having a smaller word set can get us more productions and more motor speech practice
- It can be difficult to make sure you are getting at least 50 productions (100 per session would be amazing, but Archer isn't there yet). My best tip for getting an idea of how many repetitions you are getting is to get an inexpensive counter, one where you press a button and it counts up from zero. This will give you a ballpark of how many repetitions you are getting. You do not need to do this every session, but doing this here and there will help you build your own estimation skills and see how many productions you are getting.
- Massed practice in sessions, distributed practice at home - massed practice is practicing lots of trials in a short period of time (great for motor planning) and distributed practice is practicing words distributed over a larger period of time). I do massed practice in sessions, and give families one word to work on throughout the week, so students will have a chance to practice a target word at home over time.
- Use DTTC (you can learn how to do this for free online) which is in short where you will say the target words WITH the child looking at your mouth and attending to you and over trials you will make your voice quieter to whispering and then mouthing the words or a delayed model. Look up DTTC and Dr Edyth Strand for free training on how to do this.

(four) The child has phonological pattern errors but you aren't using phonological therapies to address it

So I learned in grad school that there are speech sound disorders, phonological disorders, and apraxia - and that there was no overlap. It turns out, there can be quite a bit of overlap. So, when we see phonological pattern errors in our sessions, we need to be using some phonological approaches within sessions for those students (yes - even students with CAS).

Yes - principles of motor learning is the gold standard, this can include DTTC, Rest, Kaufman, Prompt or more. I prefer DTTC and ReST for the cost and ease of training and 90% of the time I use DTTC which you can google and find free trainings on online by Dr Edyth Strand. So yes, I'm using principles of motor learning FIRST.

But if my student has a phonological errors as well - I'm also implementing phonological approaches (such as multiple oppositions when there is a phoneme collapse, maximal oppositions for kids who just need one target sound and have poor phonological awareness, minimal pairs for traditional errors like fronting etc.)

An article from the Informed SLP (called everything you want to know about treatment approaches for speech sound disorders) from August 2022 has really shifted my perspectives and helped me implement phonological approaches with CAS, and I've seen great success with this.

For example, going to 3 year old Archer, I've found he has many phonological awareness challenges which are impacting our progress in speech therapy. He doesn't have sound-letter correspondence or the meta skills to hear his own production and attend to it and know if it's correct or not. So for him, I'm pulling out visuals (for example a sensory noodle is the /s/ sound and we run our hand along it as we make the "long sound" versus a block or bead for the /d/ sound which is a short sound which we use a quick tapping motion to point to), I'm also pulling out pictures of the letter /s/ and we are tracing it and making a long sound. When he uses /d/ for /s/ in trials, I'm also going back to one of these visuals to remind him. For Archer, I'm also using a phonological approach called Maximal Oppositions.

About Maximal Oppositions:

- This is for kids which consistent phonological errors
- This is for kids who are missing 6 or more sounds in their speech sound inventory
- Complexity approach similar to minimal pairs except the known and unknown words differ a LOT (by multiple distinctive features - i.e. place manner and voicing). For example, with Archer I'm doing Maximal Oppositions with /m/ (known sound) and /s/ (unknown sound), and I have a 3 pair set for Archer.
- We contrast these unknown maximally opposed sounds (for example for Archer Med/Said) which is known as Treatment of the Empty Set

By considering if your child has an underlying phonological disorder with CAS (looking for patterns in errors), you will be able to know what treatment approaches to consider.

Implementing phonological interventions for my students with CAS who have these patterns has resulted in better outcomes for my students, so you may want to try it in your own therapy room as well. My favorite resource for this is the Sound Contrasts in Phonology or SCIP app which is

about \$60 in the Apple store. It'll give you lots of options of word sets and even has information about lots of different phonological approaches which is helpful to get started.

(five) Tasks are Too Difficult & Too Frustrating, and Students are Losing Hope of Improvement

So for students who come to speech (especially those who for example come multiple times per week and get services in different settings i.e. at school and at the clinic), I do see a frustration and burnout that can set in. Working on minimizing this is essential for continued progress.

Here's what works for me to have more success in the speech room and limit burnout:

- End on a good note, a moment of success, or doing an activity the child loves
- Consider changing how often you give feedback - I know for many of us, we were trained in the articulation approach of correcting EVERY missed production because we don't want the child to "practice it wrong," but I've found that for CAS going from 0% accuracy to 80-100% accuracy doesn't happen right away, so correcting every production can be frustrating for the child. Correcting every (or nearly every) production is called having high accuracy feedback. Although this works for some children, for others it's incredibly frustrating and when we try to correct each production, kids may start to say "I can't" or dread coming to sessions. One thing I like to do is start the session with correcting around 80% of productions, and slowly reduce to 50% feedback by the end of session - because I do see kids tend to tire out especially for the second half of the session.
- Use naturalistic play-based approaches. For example for Archer our sessions are 30 minutes. I'll typically do more drill and play activities for the first 15-20 minutes (depending on how he's doing - some days are hard and it's more like 5 minutes of motor speech practice), and I do what I can. For the rest of the session, we do naturalistic play-based approaches. For example, we may play with a toy house and talk about what the characters "see" or that they need to "sit" down on the toilet or for breakfast, and there I'm modeling these /s/ sounds and recasting utterances, so if he says "dit on the toilet I'll say, yes sit down!" This naturalistic recasting is evidence based for both speech development and language development. Given this, I personally feel confident having naturalistic and play-based sessions for kids with CAS so long as I see outcomes (from my data in sessions and from monitoring my student's response - in this case, there are days Archer will ONLY do naturalistic play-based interventions, so that's what we do.

Conclusion

I hope this episode has helped you as we've discussed 5 Common Problems with Apraxia Therapy (& How to Fix Them).

We covered these common problems:

- Therapy is too boring

- The wordset is too large
- Therapy doesn't include principles of motor learning
- Phonological approaches aren't used (when a child presents with phonological pattern errors)
- Therapy is too frustrating

We also covered suggestions on how to improve sessions when these common problems pop up. Some options included:

- Varying play and toys used (with 5 examples)
- Getting repeated practice with a smaller word set
- Using principles of motor learning including lots of trials and ideas on how to track the number of trials we are getting to increase it using a counter
- Using phonological interventions for phonological errors, including a discussion of and examples of Maximal Oppositions
- How to vary your feedback and activities presented within sessions to reduce frustration for your students

Outro

I hope this was a helpful listen and you are leaving with actionable ideas you can use in your own speech room for improved results with CAS therapy.

If you enjoyed this episode, please rate and review us on Apple Podcasts. As I'm recording this, it's been about six months since we got a written review - so we really do need more reviews. This helps more SLPs, SLPAs and SLP students find this podcast and learn from episodes like these.

I hope you enjoyed listening to this episode, and that this was a little slice of an SLP Happy Hour for you. Until next time.