

SLP HH Ep 164 Playing Speech Suzanne

Sarah: Today's episode is an interview with Suzanne, where we'll discuss how she started her own private practice playing speech, how she sets boundaries in her practice. Therapy approaches. We can choose when working with young students, so we're talking about toddlers and preschoolers. What to do when our students aren't imitating yet, some activity ideas, and more. So let's get on to the fun stuff and the show.

Suzanne: Hi! Thanks for having me. I am my well, my name is Suzanne Aldrich and I've been a speech therapist for I think I'm going on 12 years now. I currently run my own private practice here in new Jersey, and I see mostly 0 to 5, uh, speech, sound disorders, preschool language delay, and I on the side, I run a TPT store called Playing Speech. Uh, and I have a course that I have just put out about speech, sound disorders and early intervention. So I kind of have a lot of different things that I'm doing these days.

Sarah: Mhm. And I actually heard of you from your course, I emailed you about this, but I took the course twice because the first time I was like oh this is new information. Like I was used to school age speech sound disorders and it's not the same is it?

Suzanne: No, not at all. And I used to work in, um, middle schools and with school age kids. And it's a whole different world once you get to the early intervention population. Right? It's not the same at all.

Sarah: So that's been one of my professional goals, is to learn more about it. So tell me a little more about your work history and then also how you transitioned into private practice.

Suzanne: I started in adult rehabs in neuro TBI, spinal cord stroke. Um, and I did that for a few years. I worked in two different rehabs. I ended up moving to Texas. But the burnout in the the health care setting is real. And so when I moved back to new Jersey, I decided I wasn't going to do health care anymore. And that's when I started working with the middle schoolers, which was a great job. I loved that job. But then when I started having kids, I decided that that schedule wasn't conducive either. And so after my first child, I went into working for early intervention through the state of new Jersey. And then I had all these babies in three years and Covid hit. And so I was on maternity leave when Covid hit, and I decided I wasn't going back to early prevention during Covid. And so I started seeing clients on the side privately, basically through word of mouth from old speech therapy colleagues who who were like, can you see this kid? Can you see this kid? They need services. And I was doing private sessions in garages and outside and, you know, wearing masks. And then it just kind of snowballed from there. And now I am mainly all I do is my own, my own private practice, seeing very young, you know, 0 to 5 ish kids for, you know, various speech and language delays and disorders.

Sarah: Okay. I love that because it brought up more questions for me. So for me, as we've just mentioned, the transition from me working as a school SLP and doing school age speech sound disorders versus preschool and toddlers has been so hard. It's looked so different and I needed to learn everything from scratch, which is why something like your course is really helpful. Tell me a bit about your transition from the medical to the eye. Do you remember feeling these feelings of like, oh my gosh, these kids won't even sit still? Or where do I even start with the severity of this speech sound disorder?

Suzanne: Yeah. So I think when I started Early Intervention, I wasn't more focused on speech. It was more the through the state early language kind of thing. So it was a gradual transition into, um, focusing more just on speech. But yeah, it definitely was a transition. And I did a lot of new education, a lot of learning on the job, a lot of reading and researching, because I had come from, you know, laser focus on adults with traumatic brain injuries and stroke. So it was a lot of training and just experience that led me to feel this level of comfort that I now, you know, it's what I do every day I feel comfortable doing.

Sarah: And if someone's listening and they're just starting working with birth to five and they're feeling those feelings that I often feel still, but definitely did. A few years ago when I started working with young kids, which is like, I don't know what I'm doing. This kid is running around. I don't know what activities to do. I don't know how much to like, keep it play based versus structured, and I am drowning. Or if you can think back to when you were in that position, if you've felt similar feelings, what would you want to tell that person just for their own knowledge about their own performance, and then maybe even a resource or two that might be helpful.

Suzanne: So first thing is cut yourself a break because that's what all these kids are going to do, right? They're going to run around. They're like little tiny lunatics. They're they're kids. They're not going to sit and you're not going to have a structured session. The second thing is, and I know we hear this phrase all the time, but just. Follow their lead and I, I've, I've said this. I've done a session with a worm. I've done a session with a single bean. Like whatever the child was into. You have the skills. You are a good clinician. You can figure out how to work your goals into that, whatever holding their interest at the moment. You know, if it's a language kid and you're working with the worm, we're going to pick him up. We're gonna put him down. We're gonna say bye bye, worm. You know, you can figure out ways to whatever you need to work on. You can fit it into that activity. If it's speech and he's into the worm, then, you know, it's a little bit more thinking on your feet. You have to know what each goals you're working on, if you're working, if you're doing like something like a cycles approach and you're doing final PE, you can do up in the worm can nap and the worm can hop. But and I think that's the fun part of what we do. And it does take practice to get to that comfort level. But that would be my advice. Follow their lead and just get into whatever they're in. And that makes your sessions flow so much easier. I know that you're going to get those kids who you're all they do is throw the toys, but there is a way. I believe there's a way to figure it out with every kid.

And then are there resources, whether it's YouTube channels, books, Instagram accounts that I sell pieces starting with working with young children should check out or follow.

Yeah. So and I think there's two ways to look at this. Like you can follow the and look up the language aspect and then also follow the speech. So for the language aspect I mean there's millions of Instagram accounts that focus on early language. There's a lot of great ones. There's early and bright bright expressions. There's I'm trying to think of all the the big AI accounts. There's tons of them on Instagram that you can follow. And then there's like, oh, there's like Carrie Ebert, of course, that you can follow, and she has courses and books. And then from a speech standpoint, you know, I mean, you can certainly come hang out on my account and buying speech. There's bonder speech. She does a lot of early early learners with apraxia and then courses. There's free DTC training online. That's Doctor Edie Strand. There is a great free Principles of Motor Learning webinar on approximate kids. Org by Edwin Voss that I think every speech therapist who works with any child with a speech sound disorder, whether they be little or in middle school, should take.

Sarah: What do you notice when you need to make a change? Is it a feeling? Is it a thought? And how do you process that? Because you've made quite a few.

Suzanne: Fortunately or unfortunately for me, a lot of my changes came because of outside life. Circumstances kind of forced me into changing, but I am, I am that rolling stone gather no moss kind of person, so I don't think I would have stayed anywhere very long regardless. But you know, either we moved to states or I was going to have a kid or something like that happened that made me think, I have to change my situation. But I will tell you, I probably hung out in health care a little too long. And the feelings, like you said, of resentment, of of anger that like, I couldn't have this holiday off. I think that our life and our experience is too short to sit there and feel that way for that long. So when you're starting to get up every day and you're like, oh, I don't want to do this, I don't want to go here, you really have to start looking somewhere else and try to make a shift because I don't know, I just don't want to wake up and do something. I don't want to. I don't want to do every day. I want to be happy.

Sarah: Yeah. You don't want to feel that sense of dread in the morning. You don't want to cry when you get to your office. And I don't want to feel trapped. I never want to feel trapped.

Sarah: So it sounds like you really, when you feel those feelings, the next step is that you're accepting it and listening to it, and you're not telling yourself, oh, change is impossible. I'm just stuck.

Suzanne: Oh, that's like a huge for me. I, I, I don't believe that any of us are stuck anywhere. Maybe that sounds wrong, but I feel like there's always a way we can move. We can get out, we can change. I know some of us are constrained by, you know, outside forces that, okay, well, I need a job with health insurance. Okay. That's that's fine. Look, in that vein, you know, find full time jobs, but there's so many different areas that we can be in. I feel I feel sad when I hear people are like, I'm in this job and I hate it, and I feel stuck here. I want to be like, what? Let's try this, let's try this, let's do this because I just I don't I don't believe that we we have to feel stuck somewhere. So thinking about doing something new, if you're anything like I am or like I know many of our listeners are, it can feel overwhelming. It can feel scary. So how do you take care of yourself and listen to yourself and resource yourself enough to do this hard work of change, which does require a lot of effort, a lot of self-belief, a lot of doing extra things, whether it's researching, interviewing people who work in other settings, applying for different jobs, I think, well, I'm kind of the leap in the net will appear person. So I just I try to push out all the doubts and the what ifs and just do it and say, I'm going to take step one. I'm going to figure out step one, and then I'm going to go from there. You know, I think we all also have this sense of immediacy. Like we need to this needs to be done right now. Today I need the new job right this second. But as long as you're safe and you're okay and you're in a place where you can give yourself some time and grace, you know, if you're if you're looking for a new job and you're not on the street, let somebody just, you know, fired you. You probably have a little bit of time, you know, give yourself that grace to to take it slower than we probably are all used to wanting to take it. You know, there's no no one's saying you have to get this new job tomorrow. You have to do this now. But it's in our own head. So just kind of talking yourself out of that one, I think. Take the pressure off.

Sarah: Something that we were talking about before I hit record is I was saying often change takes time, usually longer than I want. And you responded with something that was so great, which is always longer than we want. Can you tell me more about that?

Suzanne: I think especially a lot of SLPs, we are Type-A and we want things done exactly the way we want them when we want them. But and I'm at this point, I'm almost 40. And it took me probably until I started having kids to figure this out. Like it's not up to us. The timeline is never up to us. We can do all of the things on our end that will help the timeline move along, but we can't force it. Worrying that you didn't get a response about this new job today, but you can't. There's nothing you can do about it. You just have to let it go. And I know that's easier said than done, right? And I it's taken me a long time to accept that myself. But it's. Taking a lot of stress off. Both you and I both have different experiences, but experiences where family didn't come at a timeline that we expected or hoped for, and we were in a situation of certain points, complete loss of control and ambiguity about the future. So nothing has taught me to let go as much as my journey with trying to adopt a child.

Suzanne; You took the words out of my mouth. I was wanting to bring this up and I'm glad you said it. Go ahead, finish your thought. Right.

Sarah: And sometimes we throw in the towel not because we are evolved human beings with amazing social emotional regulation skills, but just because we're tired. We've been efforting for a long time, and we've seen that there are certain times in life where change will happen or not happen in a way we may hope for or not hope for. And there is at times very little we can do about it. And that giving up sometimes just comes from a place of exhaustion or anger or grief and loss. It doesn't have to come from a place of, you know, being like the Buddha or like having a higher plane of skills or being a monk. The result is the same no matter how we get there. But I've certainly gone through in the past like five years or so, this path of I can do a little, I can't do a lot, and the little I can do may or may not change this outcome.

Suzanne: So I was going to bring this up because I my journey through infertility was the turning point for me where I was like, I have zero control over this situation. I can't force this situation I have. I can do what I can do, and then I just have to let it go. And it really it was it was a defining moment of, okay, now in hindsight, you can say, oh, it all worked out. But, you know, it was the moment where I just had to realize, like, all I'm doing is hurting myself, beating myself up, making my life harder, trying to control all these things that I can't control. So I'm so glad you brought that up, because I was thinking the same thing in my head. Like, that was the moment.

Sarah: Also, if anyone's listening and you're going through acute grief and loss, you do not need to feel grateful about it. Now, that may or may not come later, but let yourself feel sad and feel angry. Feel lonely, feel isolated, whatever you need to feel. We had not planned talking about that topic, but it's so much better than everything we prepared. So thank you for going there with me. And we actually are going to do another episode here on SLP Happy Hour about being childless, either childless by choice or childless by circumstance. So this really is something that we're going to be talking about on the podcast, because I don't want people to feel as alone as I felt through this process.

Sarah: Yeah. And I'll tell you, I mean, my initial like you said, my initial letting go was, I'm sure from a place of anger, um, and shoulder from places of just defeat, like you said, it's not like some existential, like, Buddhist moment for you, but once, once that happens and you're like, I can't, I. There's nothing else I can do. I've done all I can do. It's kind of freeing in a way. So let's switch back to talking a bit more about speci things, including the details of your practice. So tell me more about your practice, where it is, whether you're mobile or brick and mortar. Who are you, Bill or don't bill things like that.

Suzanne: Yeah, sure. So I, I said, I'm in New Jersey. I live in a small town, but I'm right outside of New York City, so a lot of people live here and commute into the city, and a lot of people in the surrounding towns do the same. My own personal practice is like a hybrid, so I see some clients here in a home office. I go to preschools in the area and see children there, and then occasionally I do still do home visits. Um, I was trying to phase that out, but I think it's just easier sometimes with these little ones. So I have, you know, three different environments where I'm working. And then, um, personally, I don't take insurance, private pay only. And, you know, families can get super bills or whatever they need to try to submit for their own reimbursement. But that's how my practice operates.

Sarah: And will you tell me how many sessions you do a week and how long your sessions are?

Suzanne: Oh, yeah. So right now I only have ten and my ideal would be 15 visits a week. Most of them are half hour. Sometimes, you know, you stay a little longer because you have that luxury when you're in your own practice. I had filled in some extra time, but, um, half hour one wants to twice a week. Like I said, ideally I'd be around 15 visits a week, but right now it's only ten.

(Midroll) As speech language pathologist, we know how important it is to educate parents. We also know that parents are going online to seek out information. They're going to Google, to YouTube, to social media, and the information that they're seeing may not be accurate.

So what can we do with that? Often our days are busy, and we don't have the time to have the length of conversations we'd like to have with parents as we guide children through the assessment process. So that's where my parent handouts come in. In my Parent Handouts bundle, which is available on Teachers Pay Teachers, you will get a whole packet of parent handouts, which includes things like apraxia, autism, dyslexia, stuttering, speech, sound disorders, tongue thrust, preschool, stuttering, selective mutism, AAC, and Gestalt language processing. So if that looks like something that could help you communicate and share information with the families on your caseload, check the link in the show notes to find out more and to buy the product. Now back to the show.

Sarah: what is the going rate or range for sessions in your area?

Suzanne: Yeah. So around here I've heard anything from 75 to upwards of like 105, 115 for a half hour. I feel somewhere in there, like I said, this area it's it's interesting. I mean, New Jersey's small to begin with, but within five minutes of where I live, you could be at a \$2 million house, you know. So it's easier around here to be private pay only. Although like I said this, this year has changed a little bit. But I know a lot of speech therapist operating in this area that don't take insurance. And I think that just that's by virtue of where we live, that we're able to operate that way and have so many of us in this, this area.

Sarah: Yeah. And going right where I am, which is rural or small town, Oregon is about \$78 to \$100 for a 30 minute session. So it's about on par. Opening a private practice requires a lot of boundary settings. So tell me, I'm hearing quite a few boundaries from your specialization to the hours you work. Can you tell us more about those?

Suzanne: Yeah. So you took the words out of my mouth. So my boundary is revolve around the days that I work, the hours that I work and the population that I serve. So when I was first starting out, I would try to fit in kids anywhere. I would be working at 4:00, 5:00 because, you know, everybody wanted when their child got home from their school day wanted services. If a child came to me and was like had fluency issues, I'd be like, okay, I'll give it a go. And all those kinds of things would stress me out. I was trying to juggle my own childcare with three under three, and I'm going to run out at 4:00 and see a half hour session. Can you just watch the kid like it's not that easy? I really, really tightened up my boundaries, and now I only work the three days when all three of my children are in school. I only work the hours that they're in school, and I've niched down my population to what I feel comfortable with and what I have expertise. And so now every time I walk into a session, I'm comfortable. I feel good, right? And so how much of that choice was what you wanted and how much was what your family needed? And maybe that doesn't matter. But for example, I work until 6 p.m. and that's something I'm thinking about. Like, do I really want to do that? The benefit is it gives me a school aged population, which I like, but it also I'm completely exhausted by the end of the day and like too tired to talk to my husband from dinner time. So I'm figuring out my own boundaries. So can you tell me a little bit about I'm not phrasing this question?

Suzanne: Well, I think I know where you're going, and I think I'm gonna I'm gonna get I'm gonna be real with you. When my husband and I got married, we were like, I'm gonna stay home with the kids. And then motherhood hit and I was like, I'm not staying home with these kids. I think it just wasn't for me. So the original idea was that I was gonna just be home and maybe dabble here and there, pick up some hours. But that was not working. So then I and personally, for me, I was not as fulfilled. I need work, I like work, I like being a speech therapist. So that kind of forced me into. Figuring out a way to do both, because I also had that. I'll use the word guilt or feeling that I wanted to be there with my children, but I also wanted to work. So I had to figure out a way to make this happen. And at first I was trying to piecemeal child care together to make it happen. Like, hey, to my own mother, can you watch them for a half hour right out? Like it just wasn't feasible. I kind of had to slowly figure out how to set all these boundaries and make it all work. And it was because of, yes, what my family needed in my life, but also because of what I needed and wanted to do as well.

Sarah: Yeah, that answers the question. I couldn't find the words to ask. And I think whether it's something you want or whether it's something your family needs, you're listening to both. You're not saying, now that I'm a mother, what I'm looking for only depends on what my children and family need. You're saying I'm going to listen to both?

Suzanne: And I think it took me a minute because at first I sacrificed myself to do all of the things that I thought I wanted. I thought I wanted to do was, you know, stay home and and only work at 1 or 2 clients a week. And when somebody else could see, you know, I it took me to figure out that my needs also mattered. And, um, and to figure out a way to make them both exist together, what my family needed and what I needed. One other thing about boundary setting is we have to have really blunt conversations with our clients. I'm wondering if you can think of an example of the time you've had to do that. I can give one example, which is I require an 80% attendance policy. So if their weekly they can miss like one a month, but once they're missing like two a month, we need to have a discussion about that because that's an every other week equipment, not a weekly appointment. And it does hurt parent's feelings and make them feel guilty when I say, hey, I'm looking at the attendance. For the past few weeks, we've been at 50%. I do require 80%. So how I phrased it is we can go to every other week. You can take a break for a while or if your child is sick but can do a tele practice appointment, we can do that. But we do need to change. So go ahead and think about it and let me know how you want to handle this, you know, or what you think would be fair. So that's one example. So can you think of a time that you've had to face to face, set a boundary with either a client or maybe even like a daycare or preschool you go into?

Suzanne: Yeah, I mean, I've had I've had tons of tough conversations. I had to I call it break up with a client. The client's mother was just very, um, combative and angry. It had nothing to do with the client. And it wasn't. I don't even know if it was me specifically. It felt bad every time. And so I, you know, had to make up a list of referrals. I don't think we're the best fit. You know, this isn't going to work. And that was a hard, really hard conversation for me to have. But I was protecting myself. I was protecting my practice, and I was protecting my own piece, which I'm just going to go ahead and say it. That to me trumps everything. My my personal piece. So, you know, I went through all the right channels and whoops and gave the notice of a month and gave other referrals to other therapists. But yeah, it was the hard conversation and it was a learning point for me, but definitely had to happen.

Sarah: Yeah. And thinking of a situation where I had to do the same and it was really awkward because she said, oh, what is it with SLPs like she's looking outward? We've tried this many SLPs in the Valley, and we've tried all the clinics and it never works out. And I remember just thinking, but not saying like and the common denominator is you. Like she just did not have the self-awareness that as the parent, the choices she was making was making it very difficult to interact with her and therefore seek progress with her child. And she left and I referred her to someone else, and they probably had the same problem, to be honest. And of course, in private practice, I can just imagine there are some school SLPs listening

who are like, wait, but I can't choose my clients, but you can have boundaries within that. So here are a few things I wish I'd done as a school SLP when that's what I was doing. Number one, putting consultation time in the IEP like 15 minutes a year or whatever was reasonable for my own caseload size because there were parents who wanted to talk every day or every week, and I couldn't do it. Number two, I would have a hard ending time for my IEP meetings. So often they would go late, and I worked on a pretty young team. And during the years that I was in the schools, like people started having children, but we would just go and tell the parent was done talking. And to have that agreement with the team ahead of time, we're going to end at this time. The third thing I would have done is not to tolerate unprofessional behavior. So this is something that I did well sometimes and missed out on other times. I did have a situation where I said tensions are getting high and my expectation is that you speak to me in a professional way as this is a professional setting. Since that's not happening, I'm ending this meeting now. We're all going to walk away and reconvene when I can get someone from the district office to attend. So that's a situation where I'm really proud of myself. One of the parents was just being very angry, controlling, yelling, refusing, criticizing. So those are examples of, okay, if we have limitations on our job, where within those limitations can we exercise and practice stating our own needs and boundaries?

Suzanne: Yeah, and I'm proud of you, by the way, I. I really like that the phrasing that you used. Um, but that and that goes back to my other opinion. I never, I mean, my other play, I never want to feel stuck. Like, you don't have to just accept. ^{1s} I mean his word garbage. Like, you don't have to accept a garbage situation. You can you can change things within the circumstance that you're in. I feel like there's always, always a way. ^{2s} I work nine to my last. I'll see 2 to 2, 2 to 230. Like 145 to 215. So I can run over and pick up my kid from school. I my whole goal was to be dependent on no one else but the people that I'm paying for child care to watch my children and, you know, the public school system because it was just too much juggling other people. So the last session would be like 215 so I could run over and get the last, the little one from school. ^{3s} So I've definitely lost clients to that, I will say. But that's also what helped me niche down into this population of 0 to 5 in the preschools. I built these relationships with these preschools in the area, and they allow me the time and the space in their environment to go in and do the work during the hours these children are at school. It's such a wonderful symbiotic relationship. I like pinch myself every day that this is how it all worked out. Um, because yeah, I don't want to do those 3 to 5 that other people want. Um, but I found a way to make it work within the hours that I want to work and fill my caseload with clients that I want to see.

Sarah: How long did it take you to get the caseload size you wanted, and where are most of your referrals coming from?

Suzanne: So I slowly snowballed into this, and like I said last year, I had 18 to 20 visits a week. Then this year it really slowed down. How I've built this is through these preschool affiliations. So it started

just with my own kids preschool, and they were like, hey, we know your speech therapist, do you want to do screenings? And I was like, this sounds like a great idea. So that's how it started. And then from there, I approached other schools. I had other families who knew I was a speech therapist, and their child went to a different preschool. They were like, can you come to our preschool? So I started building these relationships with families and preschools that would allow me to go in there. And what I do now every year is do screenings at various preschools, and that's how I end up rebuilding my caseload after what I call the summer slump, when everybody goes on vacation or goes to camps or just takes time off. But that and that's worked out wonderfully for me. I just I think it's a it's a really great way to get a caseload within those school hours without being a school SLP.

Sarah: So let's talk a little bit more about SSD. There are so many treatment approaches and target selection approaches out there. Do you have ones that just for you and your clients are tried and true and that you find yourself coming back to?

Suzanne: I fall back a lot onto cycles. I do a lot of minimal pairs stimulus approach for those little guys who you need to increase their sound repertoire. I'm always incorporating prompt if you're prompt trained and DTC. That's like with almost every child, it doesn't matter what their speech diagnosis is, because to me speech is motor. That's like part of my soapbox that I'll stand on is every speech. Sound disorder has a motor based component to it. So prompt and DTC can be incorporated. Or those kinds of and principles of motor learning can be incorporated with all those kids.

Sarah: I have a student right now who is doing a final project on a student that we see in the clinic, childhood apraxia of speech, significant phonological disorder. And we're preparing her to sort of defend a project for school about why we're doing what we're doing. And because he has a phoneme collapse, so everything is d, we're doing multiple oppositions, so d c d, z, d, she'd key and dttc. So when she was like, oh, I have to defend, you know, if I'm going with a phonological or a motor approach. I do feel like in grad school they're taught as separate, and yet in practice, we're always doing both. Right? Or almost always. And when you can incorporate phonological approaches like contrastive approaches, whether it's what I just talked about, multiple oppositions or minimal pairs and like something like simultaneous production, which is comes from DTTC, we're going to see better progress. We just do like I can see it, the proof is in the pudding. Yeah. To me you can't separate out. I mean you can look at it, but you can never separate speech as the act itself. Like you can't take out the motor component from speech because it's always a motor act. And you can't take out the phonological aspect because the speech is knowing which sounds and where to put them and how to do it. And I don't care what the the main issue is like where most of your speech issues are arising from, if it's motor based or phonological based, both of those components interplay every single time. Let's say you have a motor speech disorder, so now you can't produce the s sound. I'm oversimplifying this, but let's say you can't produce the s sound, right? So every time you go to make an s t, well, now your little phonological system has internalized that too. So

instead of knowing like I'm going to make the s sound and it's going to, I'm going to say the word thun. Your phonological system has just been registering the t as the as the sound. And so now your phonology is all messed up. But your your motor base, your motor movements are also in need of help because you've been producing this T for so long. You have that motor pattern ingrained in your brain. So that was like an oversimplified explanation. But to me they're always both interplay. You have to you have to address both. Just depends on which one you address. More like one is like the main character and the other is the. But the sidekick, I guess you would call him. But you're always incorporating both of those things into your sessions.

Sarah: I am too, and seeing grad students be like, oh, but you know, my profs are going to ask me which one I'm using. I'm thinking like, do we have to choose a favorite ice cream? And can we order two scoops?

Suzanne: And I want to I want to put a huge plug here for Principles of Motor learning, because let's say you're doing minimal pairs because you're taking a phonological approach, but you're also going to be incorporating those principles of motor learning. You're going to be fading your feedback. You're going to be changing up how you practice the words. Either you're going to be doing them in block in the beginning, and then you're going to randomize them to make it, you know, lead towards generalization. Even though you're doing that phonological approach. You want to keep those principles of motor learning, I say, in the forefront of your brain, not even in the back of your brain, because they should be guiding and and being weaved throughout the entire phonological approach. This is my soapbox that I'm on right now, and this is I'm very passionate about. And why? Why are we trying to put speech in a silo when it's such a complex thing? To me, there's no there's no way that you're isolating. I'm just doing a phonological process because this is just a phonological disorder. Well, no, the child still has to execute the motor movement regardless. So you're going to have that motor component.

Sarah: So we talked a moment ago about cycles and stimulability as some of your favorite approaches. We're not going to have time to talk about cycles today, but we can come back for that. Will you help me understand stimulability? I understand the basics, but I don't understand. Are we doing sounds? Are we doing every sound, every time? Are we doing words?

Suzanne; First I want to say stimulability (approach) was developed by Adele Miccio, who has since passed. But it's her whole jam and it's it's supposed to be short-term interventions, like 12 weeks, I believe. And the idea is not to master specific sounds, but you're trying to increase the sounds in a child's repertoire. It's for a child with a really limited inventory, and it's for those young guys like 2 to 4. What you do is you do you address every sound, every session, and they are in isolation or in like a CV combo for like stops. So like puh. And each sound is associated with a character and there's a movement like a gestural like body movement that goes with each sound so that you get both things that the child can try

to imitate. Actually, the imitation of the sound is not required. So you know, you give the child the the card that says, I can't remember the one off the top of my head, party pig or something. And you do the sound and the movement. And if the child doesn't imitate, that's fine. But you've given them the sound and the gesture so that if, let's say they can't do the sound, they have something that they can imitate. The idea is then, like I said, after you go through this series of 12 weeks that you've increased the sounds in the child's repertoire, you're not looking for mastery of any one specific sound.

Sarah: So it is mostly at the isolation. Or if it's like for at the like, CV level. Can you walk me through a session of like 2 to 4 year old doing the stimulus approach? And also can we talk about some prerequisites for speech, sound work and kids who aren't imitating yet or aren't used to the therapy world? Because the stimulibility approach can be a fairly good match for them, right?

Sarah: Yeah. So prerequisites. You know, you need a kid who wants to pay attention, has the motivation and can kind of can attempt imitation. And I always throw in that they'll respond to your cueing. You know, that they're going to pick up on the either the verbal or the visual or the tactile, or they'll allow those kinds of things and they'll respond. They won't shut down. So those are my prerequisites. And those will come from, you know, Carrie Ebert and Edward Moss and and industry. And like all the speech sound disorder literature will tell you that. So these things stimulate specifically, you're going to have all your cards. You go through the card, they introduce the kid and to each card character and movement and how you want to do that and how fun and playful you can make it. That's up to you. As your as a clinician like your skills, you're not going to sit there at the car, at the table and flashcard these kid, right? Like, but maybe you go on a hunt, you find all the parents, then you find the pig and you do the pig movement and the gesture, and you find the rooster and you do the rooster movement in the gesture. What the idea is, is you want to go through that every sound, every session. I want to reiterate that you're not looking even for the child to imitate. You're just exposing them to all of the sounds. However you want to do that, you want to pull them out of a hat. You want to feed them into the feeding mouth of a cut out face. You want a hunt around the room and shine a flashlight on them. And then when you find them, the adult gives the model, and maybe the child imitates it, and maybe they don't.

Sarah: And if they don't imitate, we're moving on.

Suzanne: Yeah, just move it along.

Sarah: I think that's important to hear. And that's something in grad school. And as a new SLP, I didn't know what to do if they're not imitating. So let's go through that a little bit. I have quite a few kids, who

are in this 2 to 4 year old range who are not verbally imitating. So they might imitate like hand clap or, I don't know, a foot stomp, but they're not yet saying very many words. Or maybe they don't have any words yet and they're not imitating. So one thing we've talked about is to reduce pressure on ourselves as SLPs, to try to get these kids to force these kids to repeat targets, and that working on building imitation skills is the task. So can you tell me what a session might look like if we're working on lowering the pressure to speak and working on imitation skills for a child who's not yet verbally, you know, copying your model, any other kind of speech therapy approach, I'll give the child a few opportunities, but if they're not, I'm never going to sit there stuck and force it because, like, you have to lay that groundwork, right?

Suzanne: You're not going to get that hardcore speech work until you have these other things going for you. And so like one like you said, take the pressure off yourself. Don't put the blinders on and think, I have to get these four targets that I've picked in this session. At this point, I'm kind of like throwing spaghetti at the wall and see what sticks. You know, everything is child led. And I know that sounds terrible, but let me explain. Everything is child led. And then I'm working in sound effects, exclamatory words and big motor movement gestures and seeing what the child responds to. Like, are they the kid who likes the the drink sound? Okay, then we'll do that 10,000 times and we'll work that back and forth. Cause and effect. Turn taking in with that. Are they the kid who likes the hot with the hand pulled away really quick, like, oh, that's hot. And you hear like I'll say it. Not like the word hot is making turning it into a sound effect. Are they the kid who likes to do night night shhh?

And I'm going with all of those big sound effects and, you know, exclamatory words that we all know. Oh, the grunt stuck. Oh, and just getting them to go back and forth with me on that. And there's always you can't see me because I'm not on camera, but I'm, I'm doing gestures with every single one of them. There's something else for them to imitate that isn't a sound. And to accept that as an SLP, to be like, this is where we're at, this is the level where we're working, and it's okay. And if I have to hang out here for a little while, it's okay. The other the speech work will come later. But we have to get these foundational skills first. The idea that I do, you do - the idea that I'm going to imitate, the idea that I do something and something else happens like that cause an effect. So we have to get all of those things solid first before we can get into like hardcore speech work.

Sarah: And I really like and appreciate your style. So let's talk about that a little bit more. So you're going to play, but you also are going to expect multiple productions. So like an example is I have like a toy slide. So if I'm working on "up" we're gonna line up the little people and clean up, up, up - and I might pause and hope for them to respond, but I'm not going to force it. And for each little person, I'm going to get a trial so I can get like ten little people, or I can just get three and we can say up five times with five fingers up. That's something I learned from you. So can you talk to me a little bit more about maybe some examples of this hybrid approach you use that I found really effective.

Suzanne: And listen, it's like a ladder. You're not going to get to the you're not going to start like we line up our little people and we say up, up, up. And he says, up every time. You know, that's not where you're going to start. You might have to build the routine for the child. You build the idea of how this is going to look. So you set up the little play routine and again, within whatever they're interested in, you set up your little people and you show them, okay, we're going to go up, up, up. And the child's not really - you're not pressuring the child or forcing the child or expecting anything from them at that point. But then they start to get the idea of like, okay, look, every time the little person goes up, we say up. And then I pause, wait, you know, build in that expectant look wait time thing and then you can build up, you know, you get one up from them and then you, you get to the point where, okay, now I've stopped all the play we're going to do up. Look, I have three fingers. Can you do it three times up up, up. And you keep building their stamina and building their ability to get more trials. It's not like you're going to dive in and the kid's gonna come in and be like, I'm gonna do five ups in a row right now because these two. But you work up to it, you build up to it.

Sarah: And can we just agree that we're not going to get 100 trials every session for these young kids?

Suzanne: Hands down, I mean, we all say it like we want 100 trials. And I think, you know, the research says we need 70 repetitions to make some change. And that sounds like so stressful, right. And daunting with the little guys. But it's not going to happen right off the bat. And it's not going to happen every session. Even with the kid who you got 70 with last time this week, he didn't nap or he didn't get his Cheerios that he liked. And so he's going to only give you 40 and you're going to be okay with that, because what else can you do. Right. Like what else can you do? You have to do the best that you can with what you have.

Sarah: So let's go through some cases. Examples. The first one is you have a child who is maybe two and a half or three, and they're only using vowels, and maybe they don't even have all of their vowels, but they are verbalizing. They're not really imitating a lot. If you had a student profile like this, or if you have, what are some of the things that you've thought about as far as, like what approach to use or how to determine targets?

Suzanne: It's so tough because like, you always want to see the exact child you're talking about, right? But the first thought that comes to my mind when a child is the only vowel is it might be more of a motor base speech issue. And my first thought is one trying to get more sounds in their repertoire, because we have to start building some words and then focusing on just like three, 2 to 3, even in the beginning, like power words and probably simple syllable shapes. Simple. But kids always surprise you. Like I would say, oh, like go for bilabial. But maybe this kid has an S, you know, is stimulable for s, so maybe we'll say. You know us or see, it's all you know. All depends on the child. But. So that's the route that I would go. I want to increase the the sounds in the repertoire and then get some core like power

words going. And like I said, 2 to 3 right off the bat. The other thing I always consider too with these kids is are they only talking in like one syllable vowel productions? Because then I want to try to start moving towards two syllables, even if it's like uh oh, and it's like kind of two vowels together. I want to start building that idea of like multi syllabic productions. Not that we're going to say, you know, kitty cat, but I could get even if it's like over duplicated Wawa.

Sarah: Okay, that's really helpful. And what are some activities you find yourself often doing or toys that are like your MVP's for sessions with young kids?

Suzanne: You know, it's like the the tried and true every kid loves bubbles. They all love Play-Doh. And then I do have like some very specific toys that oh, the balloon pumper. You guys have all seen that, right? Where you, you put the balloon on the like the car or on the rocket, and you pump it and then it shoots into the air, or even just balloons, like, blow them up, let them go. But then I have some specific toys, like little people, I have these little dinosaurs that everybody likes that snap together and snap apart. And I don't know what it is about these dinosaurs, but all kids love them. I've shown them a few times on my Instagram, but if I break them out, I know we're good to go play food like cutting because you can do so many things with the play. Food you could do, eat you can do cut, you can do more. My, you know, things that you can work in any target, regardless of the approach or the target that you have. I like those kind of toys and toys with lots of pizza, lots of pieces, because then you can build in those multiple repetitions. I do a lot of block stacking and knocking down. Can I tell you I have I've wanted to be a bowler, but I've never had luck with the kid who latched on to the bowling like nobody loved it. I even had like a Prince's bowling set and this kind of bowling set and like, nobody really was into the idea. We can keep saying up, up, up with the pins and we can stay roll. Nobody wanted to play.

Sarah: As we end our time together, zooming out, what do you want SLPs to know about working with 2 to 4 year olds? Some of the topics that we've really highlighted today is really reducing pressure on yourself as an SLP to get productions, and reducing pressure on the child and building those verbal routines, building that, you know, we know when the slide comes out, we're working on up or whatever it is. And really building that trust for these kids seems so paramount.

Suzanne: Mhm. You kind of took the words out of my mouth, like the first thing I was going to say was let go of whatever preconceived ideas you have of what are going to happen in this session. Be prepared and that you know what your goals are and your targets, but just have faith in yourself that you can work them into whatever the child is in at that moment. So you have to really know what you're trying to achieve, to then be able to audible and put it into another situation. Whatever's holding that child's interest, you know that just play like if you can play and it be fun, they're going to want to imitate you.

They're going to want to interact. Kids just love. They love us. They laughed. Grown ups. They loved playing. And if you make it look like it's not work, I'm telling you, they're they're gonna think it's the greatest thing. And then suddenly you're getting gasps and grunts and hot because they just think they're playing.

Sarah: And so as we wrap up what are parting words that you would want us help. He's listening to here to know about. And it could be any of the topics we've talked about. We've talked about change taking a long time. We've talked about empowering yourself to know that you can make changes. We've talked about building relationships with kids who are 2 to 4. We've talked about finding different approaches to for speech sound disorders. And we've talked about stimulability. What is something you'd want to leave and I help you with who's listening?

Suzanne: I think that you're more able to adapt and make changes. And even like within your sessions, the more comfortable you are with what you know. So my my biggest piece of advice is have all the tools in your toolkit and then then, and know them so that in your sessions and in your, your work, you can take the pieces that you need and adapt them to whatever situation you're thrown in. And I think that that applies for your, you know, your work situation to being able to adapt and change, you know, having all the tools in your toolbox, knowing the approaches, knowing the techniques, and then being able to as a clinician, that's what we are, right, where clinicians use those tools in the situation with the child that is in front of you.

Sarah: Thank you so much for your time and your honesty today. I know I really enjoyed this conversation. If someone's listening and they want to connect with you, Suzanne, or playing speech, how can they do so?

Suzanne: You can find me on Instagram playing speech. Um, you can find me on our website playing Space.com. If you want, you can email me at Suzanne at Playing speech.com. And I think those are all the best ways to get to me.

Sarah: Thank you so much, Suzanne, for coming in today. And that's today's episode of the SLP Happy Hour podcast. I hope you enjoyed it as much as I did. I do want to give an update that since speaking to Suzanne, I'm no longer work until 6 p.m. every day. I have changed my schedule so that I see my last client ending at 430 and I am home by five. And I would like to really take her perspective on work life and balancing the two into my own private practice. I also learned a lot about working with birth to five, which has sometimes been a challenge for me, but I'm I'm getting on that bike and I'm figuring it out as I go. And the therapy approaches that Suzanne talked about today. If you'd like to connect with SLP

Happy Hour podcast about monthly or sometimes twice a month, I'll send some lesson plan and ideas and you can sign up for that at SLP happyhour.com/newsletter. You can also go to

www.slphappyhour.com for full show notes and links for things that we discuss in the episode. We talked about motor speech quite a bit in this episode. And if you have a student with childhood apraxia of speech,

I want to remind you and let you know about my Childhood Apraxia of Speech packet. That is a great way to get started with kids. The resource includes different word shapes, different sounds, apraxia, homework for parents that want things to do at home, and more. And I will link to that in the show notes. I hope you enjoyed this conversation as much as I did, and this was a little slice of an SLP happy hour for you. Until next time.