

# Speech Therapy Ideas for Parents and Therapists

By Christine Brennan, M.A., CCC-SLP/L

For the past three years, I have been working with a young man who has SMS. Over time I have learned a lot about the speech and communication strengths and difficulties that can occur with this syndrome.

In May, I attended the PRISMS 5<sup>th</sup> International Conference. It was fabulous getting to meet so many individuals with SMS and to connect with the attending professionals, researchers, parents, and families. I got the idea to contribute to the newsletter after sharing ideas about speech and language therapy with some of the parents I met. In this article, I share three ideas that promote language development in children with SMS. I am also including some speech-lingo to help parents when talking with the SLPs who work with their children. So good luck; I hope this information is helpful!



## **THE THERAPY IDEA I** **AGE/LEVEL:**

Younger child, communicating with 1 or 2 words at a time.

**LINGO: MLU or Mean Length of Utterance** re-

fers to the average number of words used in a single utterance or spoken sentence.

Children without a language delay typically have a:

MLU of 1 at 12 months of age

MLU of 2 at 24 month of age

MLU of 3.5 at 3 years of age

**GOAL:** Increase average number of words used expressively (state modality: i.e. sign, verbal, AAC, PECs) to an MLU equivalent of 3-4 using visual cues as needed. Recommended criteria: determining MLU given a sample of 30-50 expressive "sentences."

## **SUGGESTION/ACTIVITY:**

Supplement expressive language tasks with the use of picture or photograph cues for each word in a targeted sentence. Unlike speech or sign, pictures are more permanent and can better illustrate sentence building in a way that spoken words or sign can not. Use of pictures can be used to address sentence and question formulation, and the length of utterances produced can be increased little by little. Pictures should be recognizable and should include the printed word even if the child is not yet reading. Providing verbal models in combination

with pictures can result in improved pre-reading skills (exposure to left to right progression and text) as well as opportunities to work on sentence building across various levels of language.

## **TWO WORD LEVEL:**

noun + verb (dog run)

adjective + noun (pink pig)

verb + adverb (run fast)

## **THREE WORD LEVEL:**

noun + verb + adverb

(bunny jumps high)

noun + verb + noun

(cat drinks water)

adjective + noun + verb

(little boy sleeps)

An additional component to increase MLU is to build up a child's vocabulary of verbs, adjectives, and adverbs, as well as nouns. In English, early vocabulary tends to emphasize nouns. When children have language delays and are using only one word at a time, they tend to use nouns. They may need some extra emphasis on action words as well as descriptor vocabulary so that they have the necessary building blocks for lengthier sentences. Picture cues can also be used to build questions in the same way they are used to cue sentence building.



## **TERAPY IDEA 2**

**AGE/LEVEL:** School age child/adult, communicating at sentence level.

### **LINGO: Visualization**

refers to the ability to imagine things not present. Visualization combined with strong language allows us to communicate ideas with others about abstract or removed things in the past, in the future, or in our thoughts.

**GOAL:** Identify features/ characteristics and describe objects/items/events not present using visual cues as needed. Recommended criteria: Independently generate and identify 3-4 features and/or characteristics of a given object/item/ event with 85% accuracy.



*Deane wearing card from Hedbanz™ (a game similar to*

### **SUGGESTION/**

**ACTIVITY:** Twenty questions / Hedbanz™/ Cranium Conga® /Playing games like Twenty Questions which use visual cues for categorization and features improves visualization of items not present while also addressing synthesis of

information to draw logical conclusions. Games like Hedbanz™ and Cranium Conga® can be used in therapy sessions or to play with at home as a fun way to work on these skills. It may be necessary to teach a child what possible questions are and what questions are helpful. These games are also helpful in giving the child opportunities to consider and answer yes/no questions about an item someone else is guessing about. The ability to synthesize information, generate descriptions and talk about items not present is critical to our ability to successfully communicate with others. Usually when talking with others people reference things not present. Lack of visualization, impaired expressive language, and poor synthesis of information will all result in deficiencies in social discourse.



## **TERAPY IDEA 3**

### **AGE/LEVEL:**

School age child/adult, communicating at sentence level.

### **LINGO: Social-pragmatic language skills**

refer to the ability to interpret and use language in social contexts. It includes using sentences, questions, and stories to engage in conversations and play with others. In addition to articulation and language formulation difficulties, children and adults with SMS often have difficulty with social-pragmatic language

skills.

**GOAL:** Improve social conversation skills by generating on-topic comments and questions for a given topic with visual cues as needed. Recommended criteria: 4-6 comments/questions per topic.

### **SUGGESTION/ACTIVITY:**

Practice making basic comments including:

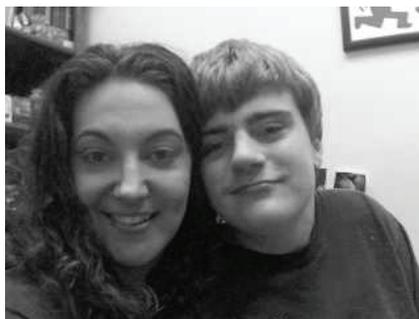
- I like \_\_\_\_\_.
- I don't like \_\_\_\_\_.
- I have \_\_\_\_\_.
- I don't have \_\_\_\_\_.
- I've done that.
- I've never \_\_\_\_\_.
- I've been \_\_\_\_\_.
- I've never been \_\_\_\_\_.
- I would like to \_\_\_\_\_.
- I wouldn't like to \_\_\_\_\_.

It is important to work on just one or two comments at a time. Start the activity by sharing information about an activity or preference that would be used to initiate a conversational exchange. For example, "I went out to lunch today." Individuals with SMS like to ask questions and they like to get answers to their questions. They may want to ask where you went or who you went with. Remember to work on questions that are on topic. Topic selection can be alternated via turn taking. Possible topics can be made visually available using pictures and/or text. When working on making comments, it is helpful to establish a routine that includes a required comment on the topic when initiated and before a question can be asked and answered. For example, sign "C"

near the face as a visual cue to remind an individual to make a comment. When an individual improves at making comments, start increasing the requirement to 2, 3 and even 4 comments per conversational topic. Always remember to work on topic maintenance when generating questions as well. Practice with multiple people including familiar adults and peers.

### A Final Note

The key to improving any individual's language skills includes: (1) building from established strengths, (2) providing the tools needed to make gains, and (3) making activities motivating and fun. No one communicates about things they are uninterested in and no one learns when they are not motivated. Be creative and modify suggested activities to fit your child's needs and interests. Do not stop when your child masters the targeted goal; there is always a next step for everyone.\*



*Christine and Deane*

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## What Is Smith-Magenis Syndrome?



Smith-Magenis syndrome (SMS) is a chromosomal disorder characterized by a specific pattern of physical, behavioral and developmental features. It is caused by a missing piece of genetic material from chromosome 17, referred to as deletion 17p11.2. The first group of children with SMS was described in the 1980's by Ann CM Smith, MA, a genetic counselor, and Ellen Magenis, MD, a physician and cytogeneticist. Although the exact incidence is not known, it is estimated that SMS occurs in 1 out of 25,000 births. SMS is underdiagnosed, but as awareness of it increases, the number of people identified grows every year.

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