



# Conversations



A newsletter for families

## The Speech Pathology Group

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### Spring 2010

#### Editor's Note

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**Welcome** to the Spring 2010 edition of The Speech Pathology Group's quarterly newsletter. "Conversations" addresses common questions and concerns raised by families whose children have communication challenges. Spring has sprung, and this season is all about rejuvenation and hope! With that in mind, this issue of "Conversations" follows a theme on being **positive**. Let children know exactly what it is you admire about their speech and language. Learn to rephrase the commands you give your child into positive--and more constructive--alternatives. Offer a personalized reward system to help maintain your child's positive attitude while learning new communication skills. Plus, in honor of May's Better Hearing and Speech Month, learn about one communication disorder that we at SPG treat, Selective Mutism, which can be helped by encouraging small, positive steps. Happy Spring, everyone!

*"An optimist is the human personification of spring." ~Susan J. Bissonette*



## Catch Your Child Being a Great Communicator!

*"Think big thoughts but relish small pleasures." ~H. Jackson Brown, Jr.*



It can be hard to pay attention to your child's communication outside of "speech time." The ultimate goal of speech therapy, however, is for new skills to be used within "real-life" communications, so progress is much faster when a child has sharp eyes and discerning ears focused on him/her throughout the day's routines. We are delighted when parents tell us about their extra efforts to support their children's speech within the family's everyday interactions. As communication is facilitated both in and out of the clinic, children may end up hearing a lot of this: "Uh-oh, you forgot your sound," "Say it with your tongue up," "Try that word again," "Make your mouth look like mine," "I don't think you're ready to listen," "Don't forget to use a loud voice," "Say it slower," "Whoops, say it better..." Now, while we certainly may want to offer informative feedback when we notice a speech or language error, we also want to take care that we don't comment on a child's communication skills **ONLY** when there's something that needs correcting. It's easy for great speech to be missed simply because it starts to sound so natural!

Once we've trained ourselves to notice what we can help fix, we may have to go even more out of our way to then focus and comment on what a child is doing successfully. Whether it's a speech sound ("I heard you use a lot of /k/ sounds in that sentence!"), a pronoun ("Hey, you said 'she' because she's a girl. Great!"), sentence length ("That was such a long sentence you just used all by yourself!"), successful completion of a direction ("You remembered both things I asked you to do!"), play skill ("I like how you keep your trains on the tracks!"), attention ("You're really watching my face!"), or volume ("I love your inside voice today!"), it's important that we balance our constructive criticism with remarks that let children know we notice their communication even when -- **especially when** -- they are using their very best skills. Our positive feedback will increase their awareness of their speech and language skills, and the reinforcement they receive will help keep them motivated, confident, and as proud as we are of their communication accomplishments.



## The Payoff of Positive Reinforcement

*"It's so hard when I have to, and so easy when I want to." ~Annie Gottlier*



The natural payoff of speech therapy is that parents know what their children want more easily, friends and teachers understand our clients better, and people respond positively to them instead of with confusion. Sometimes successful communication in and of itself, along with a playful learning environment and extra high fives, are all that are needed to encourage kids to keep trying their best. Just like many adults practicing a new or challenging skill, however, children may need an extra incentive to maintain their good efforts and positive attitude. Whether it's with a very young child being expected to communicate in brand new ways, or an older client who has been coming to speech therapy for awhile and is losing steam, there may come a time when some extra persuasion is called for to keep motivation high. Everyone has different preferences and responds differently to reinforcers. A positive reinforcer is anything that increases the likelihood that a desired behavior will occur again. You may have to experiment a bit to figure out what works for your child and be prepared to mix things up if he/she stops responding to a previously powerful reinforcer. Find out what is motivating to your child. Depending on his/her age level, the two of you might come up together with a list of desired toys, foods, special treats or outings. Here are some tips to keep in mind for setting up a reward system at home:

- **Establish what it is you are rewarding.** Are points for effort or for correct responses? Good listening or speaking? Ten minutes of homework each night with a positive attitude or ten correct words in a row? Both you and your child should know exactly what the expectations are.



- You may choose to offer **immediate rewards** by giving your child a small desirable item right away (e.g., a mini M&M or goldfish cracker for every word produced correctly from a list, or a penny for every five pictures looked at). This is often most appropriate with younger children. With older children you might try a more **delayed token system**. For example, your child could earn a ticket for every great speech practice session, and after six tickets he/she could exchange them for a mutually agreed upon treat, such as movie night, a new toy, or a candy bar.
- These **treats should be things that aren't typically available, or that can be made to happen much sooner than usual by your child's behavior**. If he/she knows there will be pizza every Friday anyway, it may not be a powerful enough motivator.
- **Set limits on prices or levels of extravagance** (e.g., "Yes" to 30 minutes of extra TV time on the weekend, "No" to buying a new Wii game; or, perhaps, "Yes" to a Wii game after two months of practicing speech every other day without complaint but "No" to a trip to Toys-R-Us every week; or, "Yes" to a trip to Toys-R-Us, but only for items under \$5.00, etc.).
- Once your child has earned a reward, **be sure to give it as soon as possible**. If there is too much of a delay in the delivery of a hard-earned prize, your child's faith in the reward system you've established will likely diminish.
- To help motivate your technologically saavy child, check out [www.myrewardboard.com](http://www.myrewardboard.com), which offers a fun software program designed to improve behavior, manage chores, and help your child meet other goals.



## Changing Your Negatives into Positives

*"We worry about what a child will become tomorrow, yet we forget that he is someone today."*

*~Stacia Tauscher*

So often, adults find themselves telling children what NOT to do throughout the day: "No throwing," "Don't open that," "Stop kicking," "You're too loud," "Stop banging that," "I don't want you to whine," "Don't grab," "Don't interrupt..." When we stop and listen to ourselves, we may find that our laundry list of "Don'ts" is pretty long. Of course, direct commands like these often are appropriate.



Sometimes, though, hearing what they should NOT DO is not sufficient for a child to understand and follow through with an instruction. In order to replace an undesired action with a more positive one, children may actually benefit more from being told what TO DO. This can be especially true for children with language or behavioral concerns who struggle with comprehension difficulties, a short attention



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span, emerging play skills, or poor impulse control. What else is there to do with a car other than fling it across a room? What should they do with their hands instead? Where does the car go? Will it still be fun? Listen to how you talk to your child. If he/she doesn't seem to respond to your instructions the way you'd like, or if you're simply ready for a more positive spin, try stating what you'd like your child's behavior to look like. "No throwing" can become "Keep the car on the rug" or "Let's push the car through

the tunnel;" "Don't open that" → "Let's knock first;" "Stop kicking" → "Feet stay on the floor;" "You're too loud" → "Use a soft voice, please," etc. When we express our messages by rephrasing negative statements into their positive counterparts, not only do we have the opportunity to change the endless stream of "Don'ts" we might be inadvertently overusing, we may actually discover that children understand and follow through with our requests more effectively.



## Communication Disorders in the Spotlight: Selective Mutism

Every year, May is designated Better Hearing and Speech Month by the American Speech-Language-Hearing Association ([www.asha.org](http://www.asha.org)). It is customary this month for speech-language pathologists and audiologists to increase our efforts in raising the public's awareness of communication disorders and of the roles we play in treating them. The scope of a speech-language pathologist's job is diverse. Parents are sometimes surprised to discover that we don't just address the more commonly known "speech" disorders such as lisping or stuttering. We specialize in a vast array of communication impairments that may have nothing at all to do with speech sounds. One such communication disorder that we'd like to highlight this month is Selective Mutism, an anxiety-based, social communication disorder that many parents and professionals may not be familiar with. In a presentation last February, SPG therapists shared information on Selective Mutism to a support group of about 20 parents who came from as far away as the San Francisco Peninsula and Sacramento to learn more about how they could help their children.



Though not often understood, Selective Mutism has been reported to affect one in 350 children. It involves a consistent failure to speak in specific social settings (e.g., school, public or crowded places) despite normal ability to speak in others (e.g., at home, with a family member present). Children may present as non-communicative (no pointing, no nodding, no facial expression), nonverbal but communicative (gesturing, smiling, using sign language), vocal (grunting, laughing), or

transitioning into verbal communication (whispering). Approximately 30% of children may also have a speech-language impairment, although the underlying cause of their mutism is anxiety. Selective Mutism has often been misunderstood and inaccurately labeled --and treated-- as "just shyness," autism, or opposition/ defiance. Children's prognoses are best when they are treated at a young age; the longer a habit of mutism is maintained in older children, the harder it is to treat. Intervention is very individualized, with speech therapy as one optional route. Speech therapy is based on moving through a spectrum of communication, from nonverbal modes of communication, to transitions into vocalizations, to verbally responding and initiating. Increased levels of social comfort and engagement are gradually achieved while pairing less familiar individuals and new settings with people the child has come to associate with successful communication. Other interventions may include psychological/ behavioral therapy or medical treatment to reduce anxiety. Because of the sensitive nature of this communication disorder, as well as the general public's unfamiliarity with it, a team approach involving family and teacher education/ collaboration is very important. For more information on Selective Mutism, visit [www.selectivemutismfoundation.org](http://www.selectivemutismfoundation.org) or [www.selectivemutism.org](http://www.selectivemutism.org). You may also want to take a look at an article in the February/March issue of Bay Area Kids Magazine for which our very own SPG therapist, Lisa Cameron, along with Selective Mutism parent advocate, Kevallyn Paskos, were interviewed!



"Perseverance is not a long race. It is many short races one after another."

~Walter Elliot

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## Working Together to Make a Difference

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### Community Resources

**BANANAS** is a child care resource and support agency serving families in Northern Alameda County. They provide free parenting information, workshops and referrals to family child care, child care centers, preschools, babysitters, in-home caregivers, nannies and playgroups. They also offer training, workshops, and classes to caregivers and child care programs. For general information about any of their services visit [www.bananasinc.org](http://www.bananasinc.org) or call **510.658.7353**.

**Story Time with a Speech Therapist:** Join SPG staff for a special Story Time at Giggle, a children’s store in Walnut Creek (1359 North Main Street, between Cypress & Duncan). The last Wednesday of each month we will be reading books aloud for the kids, and teaching their parents techniques to share stories and promote learning skills. Next scheduled story time is Wednesday, May 26 at 11am. Event is free. For more information, call Giggle at **925.746.0300** or email [walnutcreek@giggle.com](mailto:walnutcreek@giggle.com).

**Dandelion** is the Bay Area’s first and only magazine for parents of kids with special needs. It includes articles, inspiring stories, and advice from parents and professionals. An extensive Resource Guide for therapeutic programs and community services, as well as an event calendar are available online. [www.Dandelionparent.com](http://www.Dandelionparent.com).

**Social Language Summer Adventure Camp:** The Speech Pathology Group is accepting enrollment for its annual social language summer camp. We are offering a series of three, 2-week sessions (June 21-July 2; July 6-July 16; July 19-July 30). Two weekly sessions at our Walnut Creek clinic will focus on conversational skills and problem solving, and one weekly field trip will give children with social language impairments, ages 6-12, opportunities to have shared positive experiences with peers in the community. Our speech pathologists help facilitate pro-social skills such as turn-taking, polite requesting, perspective taking, and interpreting nonverbal social cues. Please call Peggy for more information or to reserve your space. **925.945.1474, extension 100**.

**The Speech Pathology Group’s website** is new and improved! We’ve got a brand new photo gallery, links to community resources, last year’s issues of “Conversations,” clinic information, and more. Check us out! [www.speechpathologygroup.com](http://www.speechpathologygroup.com).

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