

Speech Pathologists and FASD

Speech Pathologists, or **Speech Therapists** support individuals across the lifespan with communication skills. This can include providing assessment and therapy to develop an individual's skills in the areas of speech, language, voice, alternative communication, literacy and social skills. Speech Pathologists also help people who have difficulties with swallowing so that they can eat and drink more safely. They can support family and caregivers to build skills to support the individual and can assist with advocacy, such as consulting with schools and justice agencies to help improve health and wellbeing outcomes.

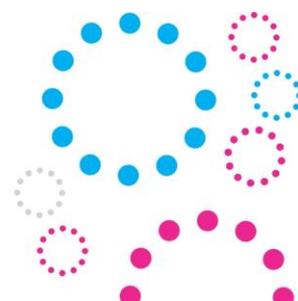
Speech Pathologists have completed university training and are qualified allied health professionals. They can be involved with assessment, diagnosis and treatment for language and communication disorders in addition to a range of other developmental disabilities including FASD, global developmental delay and autism.

Speech Pathologists will often:

- Use information from many sources including family, other professionals, school reports and medical records to inform a complete view of the individual in varying contexts
- Investigate areas of strength and difficulty related to an individual's skills in verbal and non-verbal communication, social communication, reading, writing, spelling and swallowing.
- Conduct speech pathology assessments, which may include formal assessment using standardised tests, and functional assessment using practical tasks that are relevant to an individual's daily life.
- Develop a plan and therapy goals with the individual and their family/caregivers.
- Work with the individual and their family/caregivers to achieve set goals.

Speech Pathologists can assist to achieve:

- More successful and independent participation in education and work contexts
- Improved family functioning, especially around busy/stressful times (e.g., mealtimes and busy morning and afternoon schedules)
- Increased social communication skills and connection with others



- Greater self-advocacy and participation in legal contexts

Speech Pathologists may incorporate or recommend:

- Augmentative and Alternative Communication (AAC) – this includes both unaided systems (e.g., body language and sign language) and aided systems which require the use of a device or tool (e.g., computer powered speaking device or a visual picture exchange communication system (PECS)).

Speech pathologists may work with:

- Psychologists, as well as occupational and behavioural therapists. Working as a team can help to identify and provide supports for underlying cognitive difficulties that might contribute to learning and behavioural problems. Behaviour is a form of communication, and a speech pathologist can help an individual to communicate their thoughts and feelings more effectively and appropriately by supporting any underlying language and communication difficulties.

Overview of Activities, Skills, Strategies and Goals

See the table below for a summary of possible daily living activities, skills required, speech therapy strategies and goals that are relevant to Speech Pathology.

Activities of Daily Living	Skills Required	Speech Therapy Strategies	Goals
<p>Verbal Communication</p> <ul style="list-style-type: none"> • Speech (using and processing speech-sounds) • Using vocabulary and grammar in spoken language (expressive language) • Understanding vocabulary and grammar in spoken language (receptive language) • Inferring meaning and making predictions 	<ul style="list-style-type: none"> • Oral motor muscle strength • Correct oral motor muscle movement • Clear speech sounds and pronunciation • Being able to express themselves 	<ul style="list-style-type: none"> • Identify the steps in the task (oral motor or communicative) that a person is finding difficult • Direct verbal instruction and coaching • Direct instruction on Augmentative and Alternative Communication (AAC) systems • Indirect work with families and 	<ul style="list-style-type: none"> • Increase functioning and participation in different environments • Improved confidence and wellbeing • Increase engagement and success experienced at home, school, and in community

<p>(‘reading between the lines’)</p> <p>Literacy</p> <ul style="list-style-type: none"> • Reading (word decoding and reading comprehension) • Written expression (using vocabulary and grammar to formulate sentences and paragraphs) • Sequencing information <p>Eating & Swallowing</p> <ul style="list-style-type: none"> • Swallowing food safely • Introducing new foods • Eating a variety of food textures and flavours <p>Pragmatic (Social) Skills</p> <ul style="list-style-type: none"> • Making and maintaining friendships • Seeing another person’s point of view • Nonverbal communication 	<ul style="list-style-type: none"> • Interpersonal communication skills 	<p>teachers to adapt homework and learning tasks and/or integrate AAC</p> <ul style="list-style-type: none"> • Collaborative practical assistance to work through significant tasks (e.g., academic / schoolwork) 	<ul style="list-style-type: none"> • Increase independence • Support positive friendships and social interactions
---	--	--	---



Interventions for Children			
Issue	Why is problem occurring	Goal of intervention	Technique Examples (<i>Direct Strategies</i> or <i>Indirect/Environmental Strategies</i>)
Difficulty with speech skills	Weak phonological processing (skills used to process and manipulate sounds in words).	Increase ability to discriminate sounds in words.	Exposure to correct sounds in words. Modelling of difficult sounds and words. Recasting words the child says incorrectly.
		Increase accuracy of speech sound production	Teaching child the correct lip, tongue and mouth positions for difficult sounds.
	Delayed or impaired oral motor development	Increase accuracy of speech-sound production	Intervention might include physical, sensory and linguistic strategies (e.g., PROMPT therapy).
		Increase fluency (in the case of stuttering)	Teaching speech restructuring techniques. There are also specific programs such as the Lidcombe Program of Early Stuttering Intervention.
	Impaired brain function	Increase knowledge of words and concepts	Exposure to and teaching of words, their meanings and spellings and how they are related to other words and concepts

Difficulty with expressive language skills		Improve the organisation and access to words stored in the brain	Semantic feature analysis – examining the meanings of words and concepts and how they relate to other words and concepts. Then grouping words that relate to each other in some way, and practice using those words helps organisation, storage and retrieval of words.
		Increase sentence development skills	Teach sentence structures, from simple, to compound and complex.
		Increase discourse language skills	Teach the structure of a short story or essay using a framework.
		Introduce an Augmentative and Alternative Communication (AAC) System	Teach the individual and those who communicate with them to use a form of AAC which is most appropriate. This could be learning sign language, using a communication device or visual aids (e.g. PECS).
		Reduce demands on the individual	Recommend that language be simplified and that the expectations of responding be reduced for the individual
Difficulty with receptive language skills	Impaired brain function (language understanding issues)	Reduce demands on the individual	Recommend that language be simplified and that the expectations of understanding be reduced for the individual
		Increase language understanding and literacy	Therapy to assist with receptive language (understanding and interpreting what is being said)
		Introduce an Augmentative and Alternative Communication (AAC) System	Teach the individual and those who communicate with them to use a form of AAC which reduces the need for verbal language. This could be learning sign language, using a communication device or visual aids (e.g. PECS).
	Impaired brain function (attention to spoken language issues)	Reduce demands on the individual	Recommend that language be simplified and that the expectations of understanding be reduced for the individual. Only give 1 piece of information at a time in order for the individual to attend to each piece of information.

		Introduce an Augmentative and Alternative Communication (AAC) System	Teach the individual and those who communicate with them to use a form of AAC which reduces the need for verbal language. This could be learning sign language, using a communication device or visual aids (e.g., PECS).
Difficulty with eating new foods	Sensory challenges	Try out and integrate different foods into diet	Work with the individual and their family/carers to slowly and gently (1 step at a time) introduce food of different textures and colours in order to maintain adequate nutrition Might work with an occupational therapist
Difficulty chewing and swallowing food	Poor oral motor muscle movement	Increase correct oral motor muscle movement	Oral motor exercises education about correct swallowing Adapt food and drink textures
Difficulty making and maintaining friendships	Poor pragmatic language skills (understanding language use in social contexts)	Improve understanding of the social use of language	Social communication therapy to help understand the unspoken rules of communicating with others. Teaching that some words have multiple meanings Teaching figurative language and how to infer meaning ('reading between the lines'). Linking cause and effect.
	Poor Interpersonal communication skills	Increase confidence and ability to begin and maintain conversation	Therapy to role play and practice different social scenarios and conversational skills. Social skills groups may be appropriate to develop further interpersonal communication skills
		Increase perspective taking	Therapy to assist the development of perspective taking (seeing other people's point of view)

Difficulty understanding and keeping up with schoolwork	Impaired brain function (language processing, literacy and academic skills – spelling, reading, writing)	Increase capacity to complete tasks	Therapy to upskill literacy and academic skills along with strategies to problem solve when tasks are too difficult (e.g. asking for help)
		Improve reading (decoding) skills and spelling skills	Explicitly and systematically teach student the relationships between sounds and spellings (phonemes and graphemes). Teach them to blend and segment sounds to make words. Teach them how to manipulate sounds in words to make new words. Teach them morphology
		Improve reading comprehension skills	Increase knowledge through oral language intervention (see language sections).
		Improve written expression skills	Explicitly teach grammatical rules to formulate sentences Explicitly teach text structure (short stories/essays). This might include with a visual template to map out/brainstorm ideas. Explicitly teach punctuation Provide several opportunities to practice and consolidate new learning. Provide prompts to encourage student to revise and edit work for vocabulary choice and grammar errors.
		Improve understanding of mathematical concepts	Teach definitions of language related to mathematical concepts (e.g., addition, equation, minus, square root, division)
		Reduce demands on the individual	Work with the teacher to adapt task difficulty in line with current ability

Interventions for Infants			
Issue	Why is problem occurring	Goal of intervention	Technique Examples (<i>Direct Strategies</i> or <i>Indirect/Environmental Strategies</i>)
Delayed speech-sound and language development	Impaired brain function (possibly impaired phonological, language and/or attentional development)	Increase vocalisations and responses to the adults	<p>Modelling and repetition of sounds/words/behaviour</p> <p>Promote turn taking – e.g., the parent laughs and then waits for infant to make an attempt before the parent laughs again.</p>
		Reduce expectations of speech	<p>Work with parents and caregivers to optimise opportunities and learning for the infant (this often includes breaking sounds down when speaking to the infant and agreeing upon what things are called so there is consistency between adult’s speech). Encouraging imitation of sounds is the first step to speech. Singing with the infant is also a good activity. Some specific infant-adult programs exist to help parents learn how to interact with their child (e.g., Hanen Program)</p> <p>FASD is a varied and complex disability. Work on educating parents and caregivers of this and how this can manifest in language development. Encourage other forms of communication such as gestures. Hearing problems should also be ruled out by a doctor.</p>
Feeding problems	Delayed oral motor skills and swallowing movements	Increase oral motor capacity	Oral motor therapy to practice oral stimulation, movement and feeding/swallowing.

Interventions for Youth & Adults			
Issue	Why is problem occurring	Goal of intervention	Technique Examples (<i>Direct Strategies</i> or <i>Indirect/Environmental Strategies</i>)



Difficulty with the increased work level at high school	Impaired brain function (literacy and academic skills – spelling, reading, writing, maths)	Reduce demands on the individual	Work with the teacher to adapt task difficulty in line with current ability
		Increasing semantic and syntactical skills	Therapy to work through more complex meanings and structure of language and words
Difficulty with daily living activities that involve verbal or written communication (e.g., A police interview or filling out a form)	Impaired brain function (language processing and communications skills)	Reduce demands on the individual	Advise relevant organisations that alternative methods of communication need to be implemented for the individual. Legal proceedings – providing impartial communication assistance to help facilitate communication between legal parties and the individual. This might involve the speech pathologist advising on how to re-phrase questions and assess understanding and behaviour of individual.
		Increase self-advocacy and problem-solving skills	Therapy with the individual to increase ability to self-advocate for what they need in order to communicate effectively (sometimes this is a visual aid/information card that can be given to the person who is requesting the communication)
Difficulty engaging with other services (e.g., mental health/counselling)	Difficulties comprehending information and expressing thoughts, needs and desires	Improve receptive and expressive language skills	See first table.
		Improve literacy skills	See first table.
		Reduce demands on the individual through multi-disciplinary management	Communication with other health professionals in how best to structure language and communication in order to increase the individual's understanding and engagement.