



Treatment of Childhood Apraxia of Speech Requires Unique Elements

Childhood Apraxia of Speech (CAS) manifests in a variety of characteristics across children. Working with these children requires unique and individualized treatment that contains specific treatment principles. Use these general guidelines when developing goals and objectives.

1. **Establish basic skills needed for success in therapy.** Help your child develop joint attention, interaction, turn-taking, imitation, and on-task and cooperative behavior.
2. **Use child-centered therapy.** Make therapy engaging, interesting, and appropriate to the child's developmental level and learning style. Develop a predictable therapy format, but be flexible.
3. **Start working on speech skills early.** For the young child, begin by stimulating production of animal and environmental sounds.
4. **Use speech tasks the child can successfully perform.** Begin with sounds or word approximations the child is already using.
5. **Use principles of motor learning for development of speech skills.** Provide repeated, consistent practice. Children with CAS need many practice trials per therapy session and frequent review of speech targets.
6. **Emphasize speech movements and syllable shapes.** The basic unit of practice is the syllable. As the child learns to volitionally, efficiently, and consistently produce syllables, she can use them to form intelligible words, phrases, and sentences.
7. **Use a hierarchy of tasks and gradually build performance load.** Making speech productions more complex or lengthy increases the performance load of the utterance. For example, start the task hierarchy with isolated speech sounds and move to syllables, syllable combinations, closed syllables, words, multisyllabic and multi-word utterances, and finally to sentences. Stabilize skills through drill and review at each step.
8. **Incorporate movement into therapy.** Use movement activities at the beginning of the therapy session to help children prepare all of their systems for speech tasks and to increase their attention and cooperation. Movement activities may be implemented as direct techniques to facilitate speech production.
9. **Use appropriate cues and prompts to ensure success.** Use multisensory cues to help children with CAS succeed. Cues can be auditory, visual, tactile, proprioceptive/movement, environmental, or a combination.
10. **Provide appropriate feedback to verbal attempts.** Provide immediate and consistent feedback. Over time, the child will learn to monitor her own production skill as feedback is faded.
11. **Use specific techniques to facilitate speech sound productions.** Use specific placement cues and oral-motor facilitation techniques to develop oral awareness, articulatory placement, and correct sound production. Oral-motor techniques should be functional and embedded in speech production.
12. **Apply meaning and functionality to speech practice targets.** Use target utterances in play or functional situations immediately during therapy. Incorporate target utterances into verbal routines, such as greetings and favorite sayings.
13. **Use augmentative communication systems as needed.** Use AAC systems as a bridge to speech. They may be low-tech (e.g., signing, Picture Exchange System [PECS]) or high-tech (e.g., voice-output devices).
14. **Address prosody early in therapy.** Target prosody right from the beginning to increase later speech intelligibility.