

Managing the Child with Craniofacial Speech Disorders: “Use More of This and Less of That!”

Early intervention can prevent or reduce many speech problems in children with craniofacial anomalies. It is important to educate the family about the child’s disorder as well as typical speech and language development. Train the family in early speech stimulation strategies. Show family members how to encourage productive speech behaviors and discourage nonproductive behaviors. In her new book, *The Source® for Cleft Palate and Craniofacial Speech Disorders*, Sandra Sulprizio lists some behaviors to be encouraged and discouraged for certain craniofacial disorders.

Cleft Lip and/or Alveolus

Encourage

- Nonspeech tongue activities (clicks, pops, smacks, trills)
- Tongue-tip consonants (/d, n, t/) by gently pushing the infant’s tongue to the alveolus or hard palate
- Typical speech and language development

Discourage

- Habitual tongue protrusion
- Tongue-tip placement behind the lower teeth for alveolar consonants (/d, t, n, l/)

Cleft Palate

Encourage

- Frequent audiological evaluations
- Nonspeech lip movements (pops, smacks, motorboat sounds, spitty/bubbly actions), and tongue movements (smacks, clicks, rapid tongue elevation)
- Breathily vowel sounds
- Anterior/frontal nasal (/m, n/) and low-pressure consonants (/w, j, l/) combined with a variety of vowel sounds (wa-wa-wa, yeh-yeh-yeh, li-li-li)
- Substitution of “Oh, no!” for “Uh-oh!”
- Using lips and tongue to stop the air in the mouth (not the throat)
- Typical speech and language development, remembering that a baby with an unrepaired cleft palate cannot produce high-pressure oral consonants. Children with cleft palate, who demonstrate receptive and expressive language delays, are at risk for later academic difficulties, especially reading problems (Richman, 1980).

Discourage

- Growling or excessive screaming
- Throat sounds
- Glottal stops

Ear Anomalies

Encourage

- Frequent audiological evaluations
- Referral to an early intervention program
- Speaking toward functioning ear
- Typical speech and language development

Hemifacial Microsomia

Encourage

- Frequent audiological evaluations
- Referral to an early intervention program, as needed
- Anterior/frontal tongue elevation for tongue-tip consonants (/d, n, t/)
- Typical speech and language development

Discourage

- Growling or excessive screaming
- Throat sounds
- Glottal stops

Velocardiofacial Syndrome

Encourage

- Frequent audiological evaluations
- Referral to an early intervention program
- Nonspeech lip and tongue movements (lip pops, lip smacks, motorboat sounds, spitty/bubbly lip movements, tongue clicks, tongue smacks)
- Breathily vowel sounds to help eliminate vocal hoarseness/glottal stops
- Anterior or frontal/nasal (/m, n/) and low-pressure consonants (/w, j, l/) combined with a variety of vowel sounds (mamama, no, wah-wah, yeah-yeah)
- Substitution of “Oh, no!” for “Uh-oh!”
- Using lips and tongue to stop the air in the mouth (not the throat)
- Typical speech and language development

Discourage

- Growling or excessive screaming
- Throat sounds
- Glottal stops

Craniosynostosis Syndrome

Encourage

- Frequent audiological evaluations
- Nonspeech lip and tongue movements (lip pops, lip smacks, motorboat sounds, raspberries, spitty/bubbly lip movements, tongue clicks/smacks, rapid tongue movements)
- One-way speaking valve if tracheostomy is present
- Use of a “big mouth” to increase orality/oral airflow and intelligibility, which may also result in a slower rate during spontaneous speech
- Referral to an early intervention program (especially with Apert syndrome)
- Typical speech and language development

Discourage

- Growling or excessive screaming
- Throat sounds

Adapted from *The Source® for Cleft Palate and Craniofacial Speech Disorders* by Sandra Sulprizio
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