

## SPEECH AND LANGUAGE ISSUES ASSOCIATED WITH ACC

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- I. The role of the SLP in dealing with ACC
  1. Most individuals with ACC will receive SLP services at some point in their development.
  2. Important to find an SLP who is willing to learn about ACC (many are not familiar with ACC) and who will collaborate with parents, teachers, and other professionals who deal with the child.
  3. What does an SLP do for a child with ACC?
    - In infants, SLPs might work on feeding skills and oral-motor movements if the child has problems in these areas.
    - In toddlers and preschoolers, the SLP will work on developing both speech (production of sounds and words) and language (vocabulary, sentences, conversational skills).
    - In school-age and older children, the SLP might work on reading skills, written language skills, listening skills, articulation, fluency, and/or pragmatic language (such as turn-taking in conversation, staying on topic, reading social cues from others, understanding humor, etc.).
  
- II. The range of speech and language abilities in children with ACC is very large
  - Some individuals never develop spoken language. It is important to note that a large number of children who are non-speaking or who have delayed speech and language skills have better receptive language skills than expressive skills (i.e., they understand much more than they are able to express verbally).
  - Some are significantly delayed in speech and language. Some children with ACC who have speech and language delays do eventually catch up with their peers in certain areas of language; others remain at a delayed level.
  - Some have normal or above-normal verbal skills but have difficulty with pragmatic language and social communication skills.
  
- III. Non-speaking children with ACC
  1. Important to explore options for Alternative and Augmentative Communication methods (AAC – do not let people confuse AAC with ACC)
    - Signing with children.
      1. Very successful for some children with ACC, many of whom later develop verbal language
      2. Parents can start signing by simply learning a few basic signs (several videos and books are available) and teaching them to children. Important to help your child move his hands to make the signs – don't just rely on imitation. Child's sign does not have to be perfect – it just has to be consistent and convey meaning.

3. If signing seems to be working well, parents or family members can take classes to learn more advanced sign language.
  4. Important to understand that signing does NOT interfere with or replace development of spoken language, but often actually helps it to develop.
- PECS = Picture Exchange Communication System and other similar systems
    1. Begins with simple requesting of food or toy by touching or picking up a picture of the item wanted
    2. Next step is handing the picture to the facilitator (parent, teacher, or other) to request the item.
    3. Pictures are kept in a book or wallet so the child can easily access them in natural contexts.
    4. PECS leads the way to the child's understanding and use of symbols for more complex communication systems.
    5. Again, important to understand that the use of a system like PECS is not meant to replace or interfere with spoken language. It has been known to help in the development of oral language.
  - AAC Electronic Devices
    1. These are constantly changing and being improved.
    2. Many include an artificial voice-output mechanism that can be controlled by the user.
    3. These usually use picture symbols such as those introduced in PECS, or standard keyboards, for choosing words and phrases that the device will communicate.
    4. These require a training phase for the child and for the parent/facilitator, and frequent updating of the symbols and functions.
    5. Important to instruct all teachers and professionals on how to integrate school subject matter and classroom language with the device.
    6. Funding varies according to a number of factors.
  - Not all children benefit from AAC methods. Some children communicate in their own way without any formal methods.
    1. Parents know their child best and should confer with SLPs or other professionals to determine whether an AAC method is desirable.
    2. If no method is chosen, it is essential that parents instruct all caregivers and teachers on how the child does communicate.
    3. Parents, caregivers, and teachers must all stay in touch regularly to make sure the child's needs are being met and that everyone understands his communication style.

#### IV. Children with Speech/Language Delays

1. Some children in this category may only have a few "words" (sounds the child makes consistently to indicate meaning), but these children do have speech and can probably acquire more.
2. Some children may have good oral communication skills although still very delayed in "normal" speech.
3. Children with ACC and significant speech delays often have an apraxic element to their difficulties.
  - Apraxia = speech difficulty originating in the motor planning area of the brain. Developmental Apraxia of Speech (DAS) refers to apraxia beginning at birth, rather than being acquired later in life, as with a stroke.
  - With apraxia, a child has difficulty planning and executing the sequence of movements necessary to produce sounds and to move from one sound to another.

- Children with DAS often know what they want to say but are unable to make the movements for speech happen.
- Whether or not a true apraxia diagnosis is given, some apraxia treatments are effective in working with children who have ACC and speech delays:
  1. Establishing a consonant inventory and core vocabulary
  2. Assigning more than one meaning to a sound to encourage child to use his existing speech in more contexts.
  3. Intensively practicing movement from one sound or syllable to another
  4. Gradually increasing the complexity of sounds and syllables.
- Disappearing words: (“But he could say it yesterday!”) What happens?
  1. File folder analogy:
    - a. If you place a document loosely into a crowded file drawer without a folder or any tabs to mark it, the document is hard to find later. The document itself may be perfect, but you just can’t locate it.
    - b. This is similar to what sometimes happens to words in a child with ACC or apraxia. Sometimes new learning interferes with the word (analogous to placing a bigger folder right in front of the document); other times it is simply not marked well enough to stand out when you are looking for it
    - c. How to help prevent this: Make sure words have many “tabs” – by linking them to other parts of the brain. Put them to music, use hand movements, use rhythm, bounce on a ball, use visual cues – all of these things PLUS lots of repetition might keep the “file folder visible.”
  2. Even with those strategies, some words will simply disappear. They may or may not come back later. It may help to recreate the things that “surrounded” the word and to keep using the word yourself, but don’t frustrate the child by insisting that he keep trying to say it. The important thing is to move on. If necessary, teach another word or gesture that “works,” to help your child avoid frustration. That way, if the original word doesn’t come back soon, the child will be able to communicate without it.

#### V. Children with ACC who have normal verbal skills

1. Children with ACC and normal verbal skills often have difficulties with pragmatics.
  - Pragmatic language includes taking conversational turns, staying on topic, initiating and ending a conversation, not interrupting, making eye contact, sensing when a conversation has gone far enough, understanding humor and non-literal language. These skills often present a huge challenge for children with ACC and can hinder a child’s social acceptance.
  - One treatment strategy is to help the child gain a firm grasp of the basic elements that remain the same in most conversations, through repetition, role-playing, watching videotapes of conversations. This way the child has a firm “foothold” when new and unanticipated parts of a conversation come up.
  - Children with ACC can usually improve with practice at reading some facial expressions and gestures (such as glancing at a watch to indicate that a conversation has gone on too long).
  - It is often helpful to use a child’s strengths to help him tackle his challenges: if the child has good rote memory and verbal skills, an SLP can help him learn to verbalize problem-solving strategies (out loud at

first but then silently) as he encounters new situations. As parents, it is good to model this type of behavior so your child sees and hears you talk your way through situations, and gains a view of someone else's "internal speech" process.

2. Other speech and language difficulties may occur in the areas of
  - Reading and literacy
    1. Some children may have difficulty with decoding skills. Some children with ACC have a very difficult time with rhyming and phonological awareness (learning the sounds that go with individual letters). There are numerous resources available in traditional Learning Disability (LD) programs for working on decoding skills, and these may be helpful for children with ACC, although children with ACC may require more repetition to acquire the skills than other students with LD.
    2. Children with ACC often do well at decoding and even perform above their peers, but have difficulty with reading comprehension. Pre-teaching vocabulary and basic concepts from upcoming lessons in academic subjects is often very helpful. This requires continuous collaboration between classroom or resource teachers and SLP.
  - Intelligibility, due to articulation errors or dysarthria (difficulty with movement of oral structures). Speech therapy can help make speech more intelligible by correcting speech errors or helping to compensate for dysarthria.
  - Fluency (stuttering, unnatural pauses or repetitions, unnatural speech rate – too fast or too slow).
  - Prosody (the “ups and downs” of the voice in speaking): Sometimes speech is monotonous or has unnatural stress on syllables, inappropriate loudness, etc.
  - Semantic problems: Children with ACC often have a difficult time understanding non-literal or symbolic types of language such as proverbs and idioms (sayings such as “the early bird gets the worm”).
  - Word-retrieval difficulties: Children with ACC often have difficulty finding the exact words they are looking for. An SLP can teach and provide practice using various strategies for word retrieval (such as thinking of word associations, categories, antonyms or synonyms, visualization).

## VI. Back to the role of the SLP

1. It is obvious that an SLP plays an extremely important role in helping an individual with ACC
2. Possible pitfalls to watch for:
  - Assuming that one child with ACC is like another child with ACC. It is essential that the SLP understands the huge range of communication ability among children with ACC: what is effective or true for one child with ACC may be completely different for another.
  - Assuming that a child with communication delays has less language potential than the child really has. A severely delayed child with ACC can not usually be tested using standardized measures, and the child's understanding and use of language may not be recognized.
  - Assuming that a child with high communicative abilities does not need SLP services because test scores were high on standard language or reading assessments. It is essential that an SLP be willing to look at parental and teacher concerns, observation, social conversational samples, and tests of pragmatic skills to determine the child's need for services.
3. Important things to convey to your SLP
  - Information about ACC. Most SLPs have a large caseload, and it may be overwhelming for them to be presented with a huge packet of

information to read. If you highlight and/or place notes and bookmarks on the pages that pertain to your child, your SLP will probably appreciate your efforts and gain a clearer understanding of your child's concerns.

- The fact that your child may need SLP services in many different areas over the years. Your child may "outgrow" some areas of concern but have new language challenges that need to be evaluated as he develops. An SLP should be aware that assessments may need to be done in new areas, especially as IEP three-year re-evaluation options come up.
- The importance of collaborating with teachers to coordinate SLP services with classroom work, especially as a child gets older.
- The importance of working in groups, at least some of the time, with a child who needs help with pragmatic language skills, so that the child's skills transfer to situations involving peers as well as adults.