



100				
	d clinical director of ce with 3 clinics loca			
recognized b advanced tra	y Apraxia-kids for ex ining in CAS	pertise and		
NH licensed,	ASHA certified SLP			



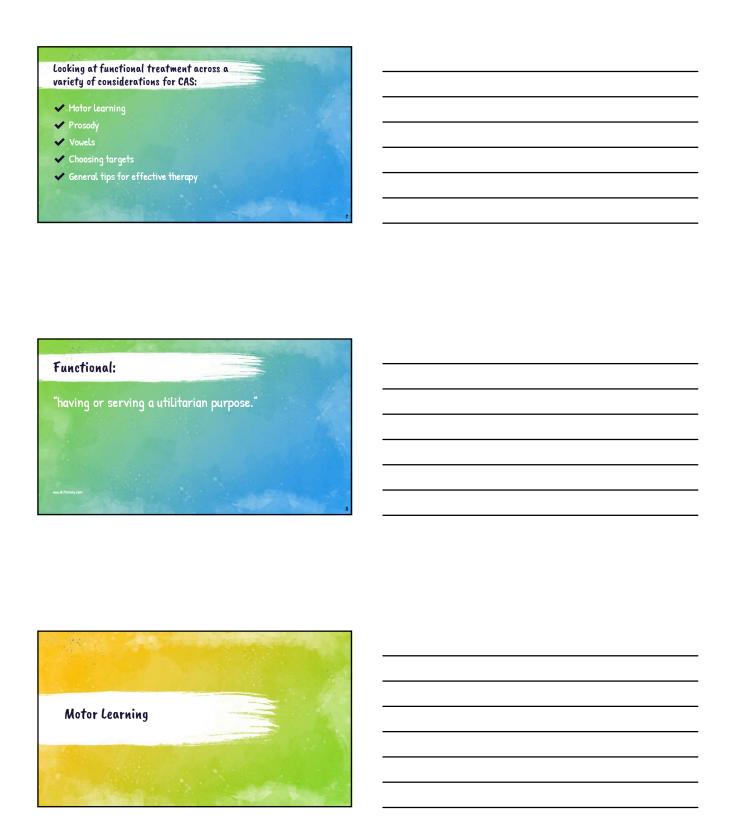




Today	's Goals:				Sec. 12		
✓ Explor	e critical thinking	g used to dr	ive the choic	ce of therap	y technique		
✓ Increa	se understanding	of linking t	herapy mat	erials to pro	ctice type	of CAS.	
	se understanding action.	of techniqu	es and strat	egies for th	e treatmer	t of CAS by	seeing then
✓ Identif	y ways to promot	te generaliz	ation outsid	e of the the	rapy room.		









CAS treatment is different! ✓ Provide treatment using the principles of ✓ We are focusing on a movement gesture vs. a Precursors to Motor Learning Does the child show motivation to improve? An understanding of why we are doing these movements – a discussion of the session's targets. Does the child understand why? **Bolstering Precursors** ✓ Imitation: Improve the child's ability to imitate gestures. Working from gross motor to fine motor. ✓ Establish trust ✓ Attention to the clinician's face Production of variety of vowels ✓ Tolerating tactile and verbal feedback ✓ Identifying what motivates the child Limit extraneous stimuli in treatment environment

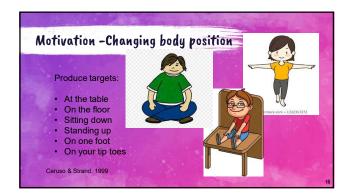








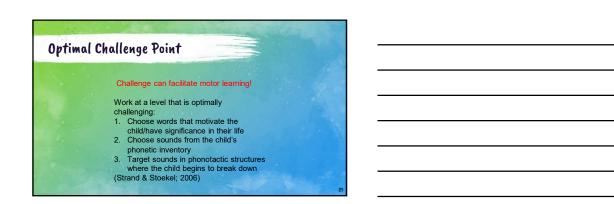












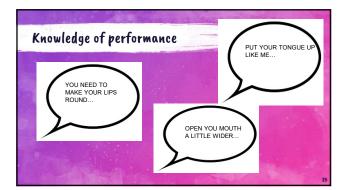


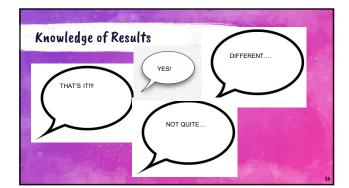


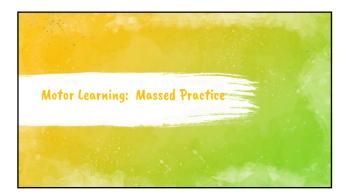


Knowledge of	
Knowledge of	Performance
Results is right vs. wrong, Perf Our kids need both.	ormance is what needs to be done to improve, specifically.
Use feedback that is appropria	te for the child, based on stages of practice.
Early stages require extensive	feedback on performance, feedback related to results would not suffice alon
Hula, Maas, et. al. (2008)	



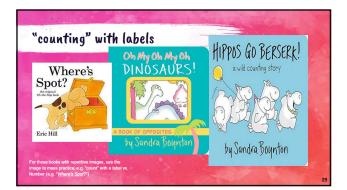












Repetitive Books	The second secon
✓ Use repetitive books as cloze tasks. Hadifficulty.	ave the child add more than just a word to increase the
✓ Ex: Brown Bear cloze task using "me",	"at me", "looking at me"
✓ Ex. Polar Bear: "ear", "my ear", "in my	ear")
Some favorites:	
Pete the Cat , Rocking in my School Shoes	_Litwin (shoes, no)
Go Sleep in your own Bed Fleming & Nich	ols (up, bed)
Hooray for Hat, Won (hat, away)	



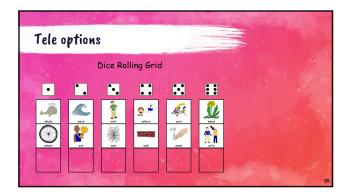


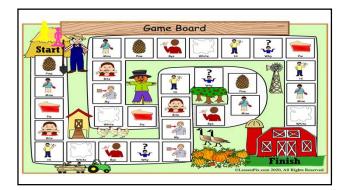




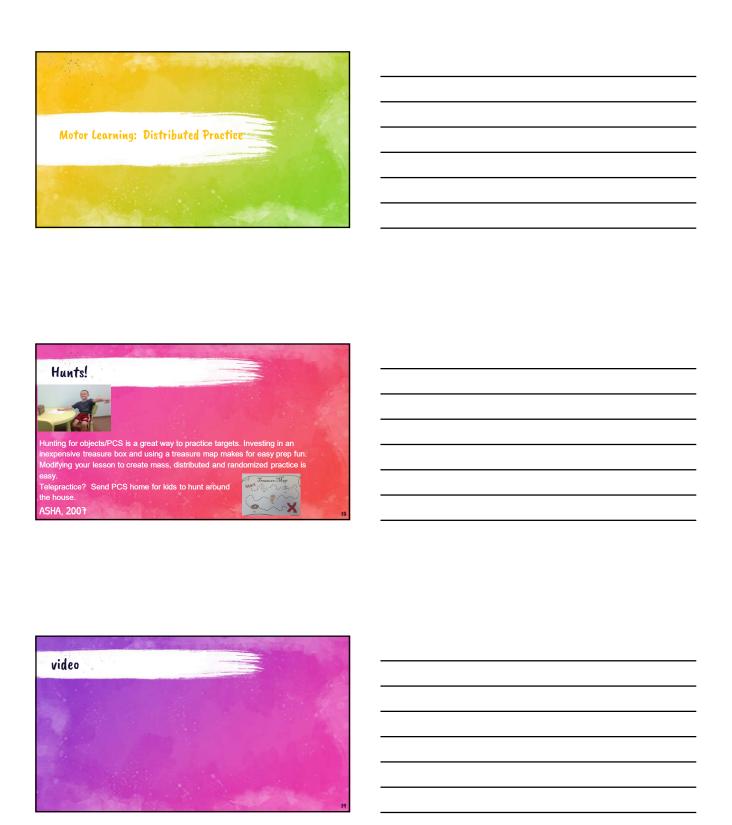












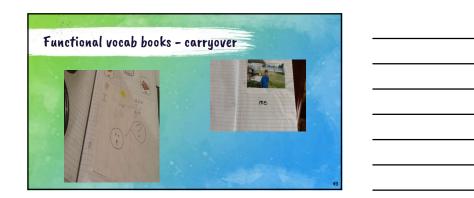






Building confidence through successful communication.
Training Automaticity. Help a child create a book of targets that he/she is successful with in practice.
Davis & Velleman (2000); Velleman & K. Strand (1994, 1998)













Sententi	al Stress			
The child	sentential st d changes the			
reply.	0.01	204 4000		
✓ Vellema	n & Strand (1	994, 1998)		







ariability:	
	o target productions. Change prosodic the child produce the target in different
	the productions by producing the target nger, loudly, like cookie monster!
/ Kouri & Winn (2006)	, Wade (1996)







Pacing – Functor words	
Consider using signed English as a pacing cue or to mark Even though we don't prioritize functor words, it's importa them to the child.	
Helfrich-Miller, 1984, Weiss (2001)	3

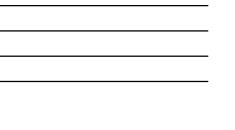
Tele options - Prosody	
Koo Koo Kanga Roo- Milkshake song: https://www.youtube.com/watch?v=Y'	RLLfv7yauM
Online prosody wheel: http://wheeld	ecide.com
(customize your own wheel), https://stopwatch.com	www.online-
Magic Mirror: https://www.online-sto pickers/magic-mirror/	pwatch.com/picture-







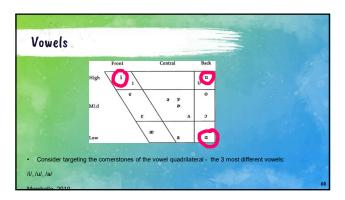
Vowels		Front	Central	Back
oome12	High	i		u U
	Mid	e	9 3	0
Start on vowels EARLY! Increase the range, reduce the deviations. Consider using the facilitative contexts of	Mid	\ (. \ ^ ^	э
 Consider using the facilitative contexts of homorganic productions to aid in vowel production. 	Low		æ	a
Contrast vowels	Low		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Rosenbek & Wertz, 1972 Fish, 2011				







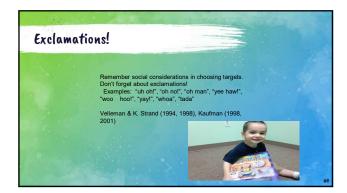


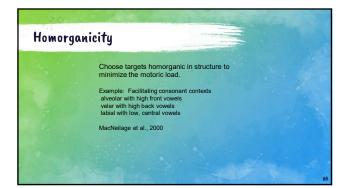


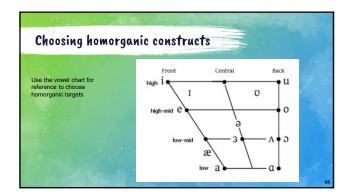




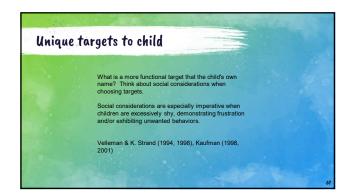






















5. Nuffield Dyspraxia Programme

Integrated Phonological Awareness Intervention (linguistic approach)



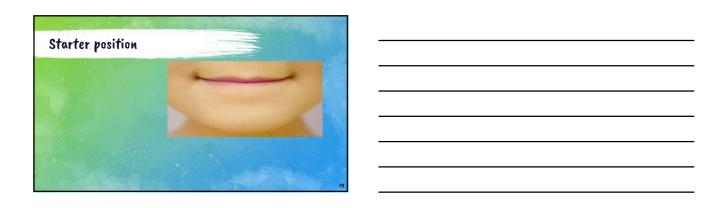








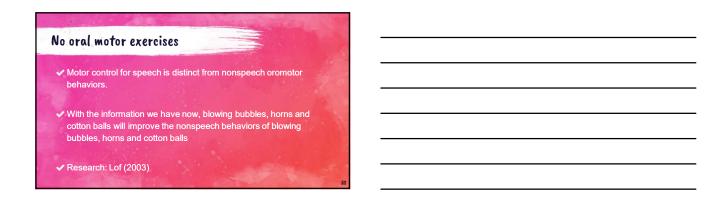




anding Positions	
 Children with SSD may be less able to successfully use senso feedback typically available. 	sory
Provide visual and tactile feedback to aid the child in placeme accuracy. Name positions.	ent







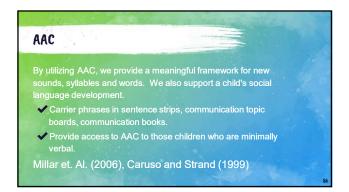
Pla	ement Cues
F	lacement cues are NOT the same as oral motor exercises. roviding a placement cue, within the context of treatment facilitate roduction of the child's accurate production of a new motor plan.
	reate an opportunity to have the child get into the position for a ertain phoneme/vowel.





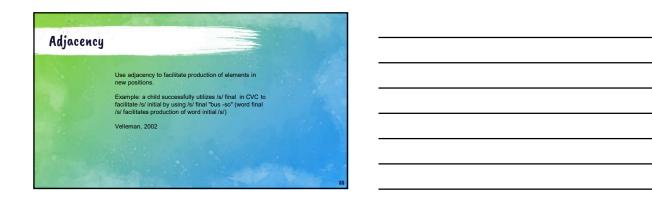


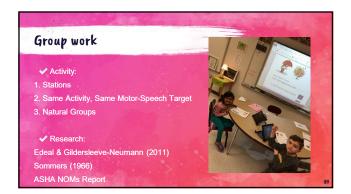






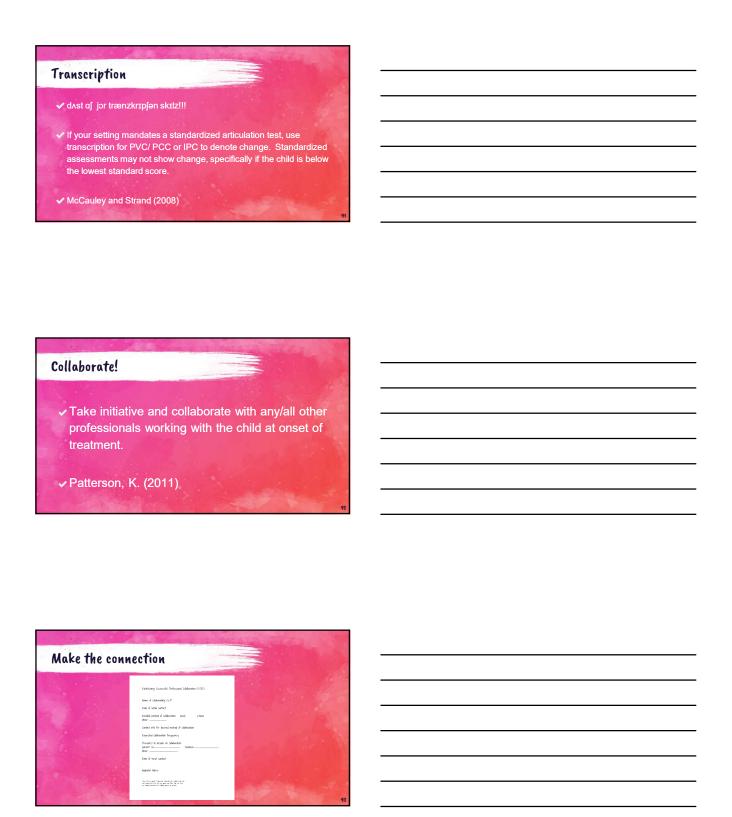






Negative	earning	
✓ Avoid	negative learnin	ng movement gestures.
→ Practic	e "error-less" pr	oductions to create correc
motor	lans at level of	acquisition.
✓ Practic	makes perma	nent!











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