

Where therapy is both fun
and functional!



visit CLASSinc.net or call 253.874.9300



February 2012

Happy New Year!

From all of staff, we wish everyone a happy new year! As we all settle back into our regular routine after the December holiday season, we would like to focus on what families can do to get the most out of speech therapy here at CLASS, Inc. While we are with your child for a short amount of time during the week, there are many things you can do at home.

Parental involvement is crucial to the success of a child's progress in speech therapy. Children who complete their therapy most quickly and with the most long-lasting results are those with parents who facilitate changes at home. It is very important for parents to practice the skills recommended by your child's therapist throughout the week to ensure continued progress and carryover of newly learned skills. Ask your child's therapist for more suggestions and/or exercises that you can do at home to help them improve.

Save the Date!

AAC Workshop: I bought an iPad...Now what?!

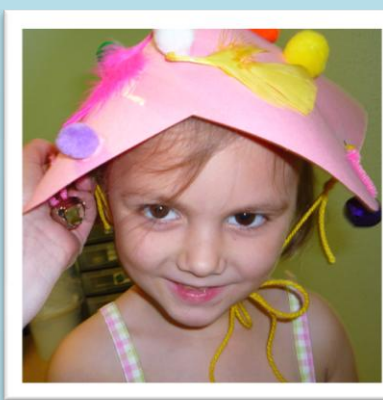
Learn how to set up your iPad, access all the new features, edit the settings, find great accessories, and much, much more!

February 21, 2012 from 11:00-12:30
DavidPozolinski@classinc.net

Meet This Month's

CLASS, ACT...

JAYNA



Jayna is a bright and fun five-year old girl full of enthusiasm and a growing sense of humor. She comes with a smile on her face and works very hard during each speech session. Jayna loves playing games and reading. Her new favorite game is "Spin the Beetle."

Congratulations, Jayna,
you are a real
CLASS Act!



February 2012

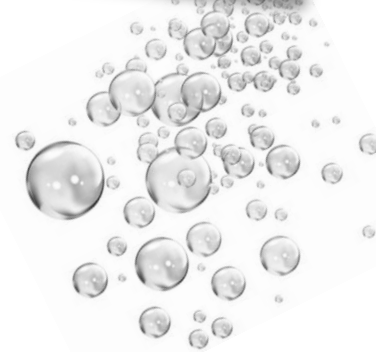
Blowing: January's Target Therapy

These exercises help your child with breathing patterns needed for speech. Practicing with whistles, horns, straws and bubbles can help promote speech sounds such as "f", "sh" and "s". They can also improve clarity and rate of speech.

BLOWING BUBBLES: Blowing bubbles is a great exercise for breath control as well as pursing the lips which we need for many of our speech sounds.

BLOW A HARMONICA: Playing a harmonica is also great for breath control and lip pursing. If breath control is weak, then the goal may be to get louder sounds. If lip strength is weak, the goal may be to play one note at a time.

BLOW A KAZOO: This is also an inexpensive "instrument" that will help with breath control, but also with vocal control. Why? Because you have to *hum* to get any sound out of a kazoo. At first try making a simple humming sound. As you progress try to vary the pitch of the hum and even try to play a simple tune such as "Mary had a Little Lamb"



How Parents can Help Aid Articulation Skills

Commit yourself to doing your "weekly homework": After your child's session, the therapist will give parents a talk down to go over what happened during the session and give weekly exercises to practice throughout the week. These are incredibly important and just as important as the therapy itself. Make your practice sessions short and frequent, 5-15 minutes a day.



Don't correct sounds your child hasn't worked on: Direct corrections may be ineffective and disruptive. This is often true when the child has not had the opportunity for the new skill to be presented in a more isolated way. The best way to avoid this is to know what is being worked on and ask your child's therapist for the best way to correct a problem and when gentle reminders may be effective.

Use revision to address articulation: Revision is the technique to repeat what the child has said, but use the correct pronunciation. You may want to give the target sounds emphasis and use the technique consistently.

Model good speech: This may seem obvious, but don't inadvertently reinforce incorrect speech by laughing or drawing attention. Repeat any incorrect utterance using the correct sounds.

Read to your child: A simple tactic, but an effective one. Use reading as a way to surround your child with the therapy targeted sound(s). Talk to your child's therapist about recommended reading.



February 2012

Autism: Feeding Issues

Having a child with autism can be overwhelming. Adding picky eating or other eating issues to an already challenging situation can be a big problem. Eating is a multi-sensory experience. Each mouthful brings a variety of flavors, textures and temperatures. A feeding specialist would break this down further, identifying “flavors” as sweet, salty, spicy, bitter and neutral; textures would include crunchy, chewy, soft, thick liquids and thin liquids; and temperatures would include cold, room temperature, warm and hot. Many children who are picky eaters may have a sensory disorder.



Children with autism can have sensory disorders, but autism has its own factors that can contribute to picky eating. Children with autism are often uncomfortable with a change in routine. This preference can also show up at mealtimes.

What parents of problem eaters need to understand is that they did not create the feeding problem. Problem eating is the result of very real physical and neurological responses. Usually the parents of a problem eater continually offers their child a variety of foods and when given the choice of a food perceived as noxious or not eating at all, these children will choose not to eat. If forced to, they will avoid food over consecutive mealtimes.

Feeding therapy can help with many of these issues. Please let us know if you are interested or have any questions. Mealtimes should be a non-stressful experience for both you your child!

Feeding Techniques & Tips

Create the Best Time & Setting

Have meals and snacks at predictable times: schedules can be helpful.

Eating or drinking should be done at the table during snacks and meals.

No grazing. If children are allowed to eat through the day they will not be able to regulate hunger and satiation.

Rotate foods and when they are served.

If a child can predict always having a glass of milk before bed, they will eat fewer foods.

Meal times should not be stressful for children.

Stress decreases appetite and children can avoid mealtimes.

