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Clear Speech Inc.

The path to healing that feels like home.



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SPEECH-LANGUAGE-
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HOW TO TEACH THE /K/ SOUND IN THE INITIAL POSITION

We use the /k/ sound everyday in words like kite, candy, and car. Children may start to use the /k/ sound as early as the age of two, but it can be a tricky sound to master (Sander, 1972).



The /k/ sound is made with the back of the tongue lifted up high and the tip of the tongue resting gently against the bottom front teeth. Since the back of the tongue is elevated, it can feel like this sound is produced in the back of the throat. If children have difficulty placing their tongue in the correct position to produce /k/, there are strategies to help children learn and practice the correct tongue placement.

Use a tongue depressor or a lollipop

Use a tongue depressor or lollipop to hold the tip of a child's tongue down at the bottom of his or her teeth. By holding the tip of the tongue down, the back of the tongue should naturally rise up. Encourage your child to produce the /k/ sound and slowly remove the tongue depressor or lollipop.

Try out gestures

Practice tilting your head back and making the /k/ sound. When you tilt your head back, your tongue falls back and up naturally which is the correct placement.

Read books that have the /k/ sound

Reading books that repeatedly feature the /k/ sound, such as *If You Give a Cat a Cupcake* (Numeroff, 2012), help children receive multiple opportunities to hear the sound produced correctly and then imitate it.

References

Numeroff, L. (2012). *If You Give a Cat a Cupcake*. World.

Sander, E. (1972). When are speech sounds learned? *Journal of Speech and Hearing Disorders*, 37, 55-63.



WHAT IS CHILDHOOD DYSPHONIA?

Dysphonia refers to challenges a person may experience when speaking or singing, such as difficulty being heard (American Speech-Language-Hearing Association, 2005). Several factors may lead to dysphonia including, but not limited to, lifestyle factors, such as, genetics, physical trauma, and/or occupational demands. When school-aged children present with dysphonia, the condition is referred to as, 'childhood dysphonia' (Mornet et al., 2014).

Why is dysphonia common in children?

Childhood leisure activities often include laughing and giggling as they chase each other around a playground or classroom. While laughs and giggles may be heard in abundance, parents and teachers are the first to confirm loud shouting or yelling is common too. If children fall and scrape their knees or lose access to something they want, excessive crying may occur as well. Children who frequently engage in yelling, shouting, or loud crying use unnecessary vocal intensity that causes tension in their vocal folds (i.e., the muscles that vibrate to create sound).

...Continued On Page 2



INSIDE THIS ISSUE

p.2 Ask A Therapist

p.2 Cover Story

p.3 Spotlight

p.3 Additional Copies

p.3 Schedule a Screening

p.4 About Us

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ASK A THERAPIST



WHAT SHOULD I EXPECT FROM A SPEECH & LANGUAGE EVALUATION?

A speech and language evaluation will look different for every child, depending on their specific areas of concern. However, one thing that remains consistent is the speech therapist's collaboration with parents to gather essential information about their child for the case history. The speech therapist typically asks the parents about their child's health history, developmental milestones, and reports from other individuals such as a child's teacher or pediatrician. This information allows the therapist to make an informed decision about the child's current speech and language and choose the appropriate strategies and next steps.

Evaluations may assess several areas, such as speech, language, social aspects of communication (e.g., how the child interacts with others), cognitive aspects of communication (i.e., how the child uses communication to navigate the world), fluency, and more. The speech therapist may also assess the child's ability to eat and drink to ensure proper nutrition and growth.

You may see a speech therapist come prepared with a standardized assessment tool during an evaluation. 'Standardized' means the test is established as reliable and valid. The speech therapist may also spend time observing the child in his or her natural environment to gain a better understanding of his or her speech and social behaviors. When the evaluation is complete, the speech therapist writes a formal written report detailing the above information and provides parents with helpful recommendations for encouraging speech and language development at home.

APP OF THE MONTH:

Word Vault Essential

Ages 4+

Target Skills

Speech & language

About The App

With an abundance of words, sentences, and stories at your fingertips, this is the ultimate app for practicing functional words, phrases, and sentences!



What is Childhood Dysphonia? Continued...

Why is dysphonia common in children? Continued...

During speech production, the vocal folds continuously move, coming together and moving apart in a back-and-forth vibrating motion. When excessive vocal intensity occurs, the vocal folds collide with an abrasive force that may result in hoarseness, pain, or the development of nodules over time.



How do I know if my child has dysphonia?

If your child's vocal quality, pitch, or loudness seems atypical, it may be beneficial to contact a pediatric speech-language pathologist to learn more about the cause of these concerns, as well as the steps you can take to help. When assessing a child who may have dysphonia, the speech-language pathologist asks the parent(s) about their child's health history and vocal behavior patterns. They will also ask the parent(s) to describe their current concerns (and the child, if appropriate).

Following this information, the speech-language pathologist may perform a laryngoscopy. During a laryngoscopy, a speech-language pathologist uses a special telescope to examine the child's voice box. Depending on the type of telescope, the clinician may ask the child to make sounds or stay quiet. The speech-language pathologist will be sure to guide the child along each step of the process to make sure he or she feels comfortable and understands the tasks.

How is childhood dysphonia treated?

Once the evaluation is complete, the speech-language pathologist develops a unique treatment plan based on the child's strengths and interests in order to improve voice production. Sometimes, the speech-language pathologist collaborates with other medical professionals, such as the child's pediatrician, otolaryngologist, or neurologist, to ensure significant gains through comprehensive care (American Speech-Language-Hearing Association, 2018). Speech-language pathologists often counsel the child and his or her parents to teach appropriate vocal behaviors and vocal hygiene techniques. Therapy may also incorporate a more hands-on approach and involve activities to reduce the amount of pressure occurring at the level of the child's vocal folds.

References

American Speech-Language-Hearing Association. (2005). *The use of voice therapy in the treatment of dysphonia [Technical Report]*. Available from www.asha.org/policy

American Speech-Language-Hearing Association. (2018). *Voice disorders*. Retrieved from asha.org/PRPSpecificTopic.aspx?folderid=8589942600§ion=Treatment

Mornet, E., Coulombeau, P., Fayoux, J.P., Marie, R., Nicollas, R., Robert-Rochet, D., & Marianowski, R. (2014). *Assessment of chronic childhood dysphonia. European Analysis of Otorhinolaryngology, Head and Neck Diseases, 131(5), 309-312.*

SPEECH THERAPY SPOTLIGHT Clear Speech Inc.

About Carol Lorioux Loup, MA, CCC-SLP

I am the owner and a therapist at Clear Speech. I earned a Masters Degree in Communication Disorders and Sciences from Wichita State University in 1982. After working for the Wyandotte County public schools in Kansas, the Head Start Program for King, County, and the Auburn school district I earned a certificate in Neurodevelopmental Treatment.



With fifteen years in the public schools under my belt I was welcomed into private practice at Children's Therapy of Woodinville (CTW). Through working with the talented staff at CTW, I was introduced to sensory processing, in-depth oral motor therapies, and feeding intervention. In 2000 I opened a private practice in Everett, Washington specializing in treating children in a natural environment.

It has been my distinct honor to work with children who have phonological disorders, apraxia, receptive and expressive language disorders, auditory processing disorders, and feeding disorders. Clear Speech opened a successful intensive feeding program in 2006 and is the only program in the pacific northwest to treat families in a natural environment that emulates their own homes. This approach makes the therapy process understandable and achievable.

Carol's Favorite Things To Do

When I'm not working I enjoy reading, cooking, surfing and road trips. My children have elected to make the pacific northwest their home and are a continual source of joy in my life.

About Clear Speech Inc.

Clear Speech Incorporated represents a new industry standard for pediatric speech and language intervention. We believe that eating and speaking are not medical events, they are acts of everyday living. Putting on a white coat and meeting in a sterile environment does not guarantee good service. We believe that speech and language develop best in a natural environment. Clear Speech Incorporated invites the whole family into the therapy process. Arriving for therapy is more like visiting at a friends house.

Children come from complex family systems. We try to honor what a child brings to the communication process and make changes that include the whole family. Because our facility looks like a neighborhood home, and the environment so closely resembles what a child is already familiar with, there is reduced anxiety regarding coming to speech. Children know how to act in a home, so we are able to get a clearer picture of how the child communicates more quickly and plan an intervention program that works. Clear Speech Incorporated practices under the trade mark of natural environment. We are the only clinic in the Pacific Northwest with this privilege.

Contact Clear Speech Inc. at www.ClearSpeechInc.com or call (425) 259-7285

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