

## Top 10 Tips for Dealing with CAS

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1. Consider that some children with Childhood Apraxia of Speech or CAS (but not all) may also have co-occurring oral apraxia (problems with control of non-speech movements).
2. Non-speech oral motor exercises may help with co-occurring oral apraxia but are probably of little value for improving speech. Unless there is a co-occurring oral apraxia, activities should always focus on the production of real speech.
3. Teaching motor planning and sequencing (generally thought to be the preferred goal for this population) means teaching flexibility. Thus, repeating the same stimuli over and over may not be very productive.
4. Improving speech skill will often require expanding both the phonetic inventory and the inventory of syllable shapes.
5. Newly introduced stimuli should include either a new phoneme target or a new syllable shape target, but NOT both at the same time. Introduce new phonemes with syllable shapes they can already produce and introduce new syllable shapes with phonemes they can already produce.
6. Don't forget about vowels. Corner vowels (e.g., i, a, u) will likely be the easiest. Diphthongs likely will be the most difficult.
7. For short-term but functional improvement in overall intelligibility, consider a CORE VOCABULARY approach.
8. Aim for consistency first - that may mean settling for close approximations for a while. Adult-like accuracy may be a later goal for some targets.
9. Short-term use of AAC (augmentative and/or alternative means of communication) usually improves motivation for speech, but probably should be reserved for only the most severe cases.
10. Contrastive stress drills may be helpful for working on multi-syllabic words and/or for working at the sentence level.

For more information, see “Understanding Childhood Apraxia of Speech (CAS) for SLPs” at <http://www.SLPinfo.org>.