

What Is Oral-Motor Speech Therapy

By Sara Rosenfeld-Johnson, M.S., CCC/SLP

Nancy Sandoval is like lots of kids with Down syndrome. She can talk a blue streak, but few outside her immediate family can understand what she is saying. And even they have difficulty sometimes. Like many youngsters with low-tone muscle deficits, Nancy's oral muscles are not adequately developed to produce sounds clearly. But it doesn't have to be that way. In most cases these children can be taught to speak more clearly, but not with traditional speech therapy alone.

Traditional therapy is based on a multi-sensory approach that deals with the production of speech. In simple terms, the therapist shows the child a ball and says "ball", then the child repeats the word. If hearing, vision and muscle tone are normal, this approach usually works. But many children simply do not have adequate muscle tone in the mouth for traditional speech therapy alone to be successful, and they end up frustrated.

In contrast, oral-motor speech therapy is based on the premise that normal oral structures and patterns are necessary for normal speech. If the problem is poorly developed oral muscles, then the solution is to strengthen and train these muscles. Plus, children enjoy the oral-motor exercises so they don't fight therapy. They think they are playing because the therapy uses a hierarchy of horns, straws, and bubbles when actually they are learning to use their oral muscles to produce speech sounds.

Nancy is nearly 5 years old, but her oral muscles are only developed to the level of about a 9-month-old child. She's in pre-school and has traditional speech therapy regularly. While this therapy is improving her vocabulary, it is not helping her ability to make herself understood. She's the perfect candidate for oral-motor speech therapy, which has improved the speech clarity of hundreds of low-tone children of all ages and ability levels. Then they move on to traditional speech therapy, such as phonological processing, with a higher degree of success.

Speech is an intensely associated group of oral-motor movements. For example, take the aspect of tongue protrusion, which impedes clear speech. Most people don't realize this results partly from a lack of tongue-jaw dissociation, the ability of the tongue and jaw to move independently. So naturally the treatment for a child with tongue protrusion would be geared toward teaching these muscles to work independently.

Nancy's plan includes a number of tactics to improve jaw-tongue dissociation, tongue retraction and lip rounding as well as to increase jaw stability. Based on evaluation of Nancy's skills, the therapist and parent were instructed to begin with bubble exercise No. 5 out of eight to build jaw stability and develop lip rounding. This involves teaching her to "hoo" silently or in a whisper while blowing on an oval bubble wand held 1 inch in front of her mouth.

Because all children are different, this therapy approach is built on a hierarchy whereby the child's oral-motor skills are evaluated, and the treatment is individualized accordingly. For example, some children have to begin on the very first horn in the 14-horn hierarchy. All of the horns work on various muscle movements needed to make specific sounds. The first horn begins work on lip closure and is the easiest to blow. Others may start well into the hierarchy, say No. 9, which addresses lip protrusion and tongue retraction and is much more difficult to blow.

Nancy's plan began on horn No. 2 for lip closure. Before she could move to No. 3 for lip rounding, she had to complete 25 repetitions on No. 2.

Accomplishing this repetition is where homework comes in. The parent/caregiver works at home with the child for 15 or 20 minutes daily. The homework exercises, outlined in *The HOMEWORK Book* (used in conjunction with the detailed therapist manual, *Oral-Motor Exercises for Speech Clarity*), pave the way for rapid progress in therapy sessions. They are critical to the success of the therapy.

And, they are empowering for the child and the parent or caregiver. The task-analyzed steps are never too difficult. They are so minuscule the child constantly moves forward, building on a history of success and never getting frustrated.

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