

Introduction

The Source for Cleft Palate and Craniofacial Speech Disorders is intended for school- and community-based speech-language pathologists (SLPs) who might only see a few individuals with craniofacial conditions and SLPs who are new to the craniofacial team setting.

Many training programs do not offer classes on cleft palate and/or spend only a few weeks studying this area (Grames, 2009). Most class curriculum is spent on anatomy, physiology, and diagnosis, with little time left for the application of speech therapy.

To help fill this void, I frequently write a treatment program with every clinic evaluation, including words to target in a step-by-step approach. I have found that this information is appreciated by treating SLPs. For this reason, I wrote this book to provide more specific information about cleft and craniofacial disorders as well as the appropriate steps and picture stimuli for therapy.

Overview of the book:

Chapter 1 provides a review of speech anatomy and physiology.

Chapter 2 describes effective auditory-perceptual assessment and includes a rating scale for velopharyngeal dysfunction (VPD) and test forms to evaluate resonance, inappropriate nasal air emission, and articulation.

Chapter 3 reviews proven and effective speech therapy approaches.

Chapter 4 describes a variety of craniofacial conditions and provides early communication strategies for families to help prevent or reduce speech problems. Since many of the articulation problems of children with cleft palate/craniofacial disorders are the result of gross mislearning, early intervention can play a key role in preventing or at least reducing speech problems.

Chapter 5 outlines a program for early speech intervention for children with palatal problems. With the help of the SLP, early intervention can be carried out by families.

Chapter 6 provides a step-by-step, phonetically-controlled approach to eliminating compensatory errors of speech. It includes targeted phonemes in pictures and scenes, vocabulary with correctly produced non-target phonemes, and phrase and sentence lists for imitation and generalization. Strategies to work with adolescents and adults along with ideas for essential home and school carryover are also provided.

Chapter 7 suggests techniques to reduce symptoms of VPD and to improve intelligibility. It includes information on instrumental measurements, prosthetic management, and speech therapy.

My goal is to provide you with a useful resource to increase your competency and accuracy in treating individuals with cleft palate and craniofacial speech disorders. I hope the information presented here demystifies the challenges and treatment of compensatory speech errors.

Sandra