



MassGeneral Hospital
*for Children*SM

1st Pediatric Stroke Rehabilitation Workshop

Boston. April 27th, 2018.

WORKING TOGETHER TO IMPROVE
THE CARE AND LIVES OF CHILDREN
WHO HAVE HAD A STROKE



Financial Disclosures

- Jennifer Freeburn has no financial disclosures

Speech, Language, and Swallowing

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- Inpatient and outpatient
- Locations on Main Campus and at Chelsea and Revere Health Centers

SLP Treatment Domains

Speech

- Producing speech sounds and voice
- Being understood by others

Language

- Speaking & Understanding
- Reading & Writing

Cognition

- Attention and memory
- Executive functioning (organization, problem solving)

Swallowing

- Chewing and swallowing safety
- Feeding behaviors

Understanding speech and language development

- Children develop communication skills, speech, and language at different paces
- Parents can:
 - ✓ Understand typical speech and language development
 - ✓ Identify the signs of early difficulties with communication
 - ✓ Seek help if difficulties are noticed

What should my child be able to do?

Hearing and Understanding	Talking
Birth–3 Months <ul style="list-style-type: none">• Startles at loud sounds.• Quiets or smiles when you talk.• Seems to recognize your voice. Quiets if crying.	Birth–3 Months <ul style="list-style-type: none">• Makes cooing sounds.• Cries change for different needs.• Smiles at people.
4–6 Months <ul style="list-style-type: none">• Moves her eyes in the direction of sounds.• Responds to changes in your tone of voice.• Notices toys that make sounds.• Pays attention to music.	4–6 Months <ul style="list-style-type: none">• Coos and babbles when playing alone or with you.• Makes speech-like babbling sounds, like <i>pa, ba, and mi</i>.• Giggles and laughs.• Makes sounds when happy or upset.
7 Months–1 Year <ul style="list-style-type: none">• Turns and looks in the direction of sounds.• Looks when you point.• Turns when you call her name.• Understands words for common items	7 Months–1 Year <ul style="list-style-type: none">• Babbles long strings of sounds, like <i>mimi upup babababa</i>.• Uses sounds and gestures to get and keep attention.

Resources:

<https://www.asha.org/public/speech/development/chart/>

<https://identifythesigns.org/>

Promoting language development at home

Interpreting: *Interpret your child's gestures and actions into meaningful utterances.*

- Putting words to grunts/nonwords (e.g. "The toy is stuck. Do you need help?")

Self-Talk: *Talk about what you are doing.*

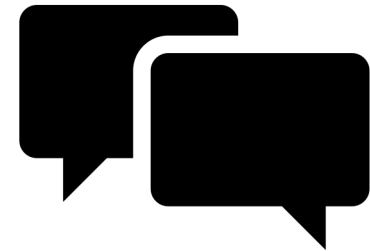
- Narrate a task, your thoughts, anything!
- Talk about the pictures/ask questions while reading

Parallel Talk: *Talk about what your child is doing.*

- Describe/narrate an activity your child is involved in

Expansion: *Expand what your child says.*

- During play, expanding your child's 1-2 word utterances
- While reading, adding additional detail with verbs and adjectives



Feeding and Swallowing

Feeding is the process involving any aspect of eating or drinking, including gathering and preparing food and liquid for intake, sucking or chewing, and swallowing (Arvedson & Brodsky, 2002).

- Feeding provides children and caregivers with opportunities for communication and social experience.

Swallowing is a complex process during which saliva, liquids, and foods are transported from the mouth into the stomach while keeping the airway protected.



Feeding Disorders



Problems with a range of eating activities that include one or more of the following behaviors:

Avoiding or restricting food intake

- Refusing age-appropriate or developmentally appropriate foods
- Accepting a restricted variety or quantity of foods or liquids

Displaying disruptive or inappropriate mealtime behaviors for developmental level

- Self-feeding skills below expected developmental levels
- Not using developmentally appropriate feeding devices and utensils

Swallowing Disorders



Swallowing disorders (dysphagia) can result in aspiration (when food or liquid going down the “wrong pipe” into the trachea/airway).

Sometimes aspiration is obvious – coughing or choking during eating or drinking.

However, sometimes it happens without any outwards signs. This is called *SILENT* aspiration.

Signs and Symptoms of Feeding and Swallowing Difficulties



- Trouble breathing when feeding
- Gagging, coughing, or choking while eating/drinking
- Frequent congestion or “wet voice” after eating
- Frequent respiratory illnesses
- Crying during mealtimes
- Difficulty chewing foods appropriate for age (may spit out or swallow partially chewed food)
- Refusing foods of certain textures or types
- Taking only small amounts of food, overpacking the mouth, and/or pocketing foods

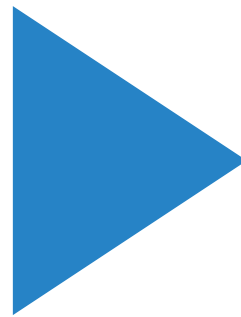


“Picky Eater” vs. Feeding Disorder

Picky Eater (normal)	Feeding Disorder
Decreased range or variety of foods but will eat 30 foods or more	Restricted range or variety of foods to less than 20 foods
Able to tolerate new foods on plate and usually can touch or taste a new food (even if reluctantly)	Cries and “falls apart” when presented with new foods
Eats at least one food from most all food texture groups	Refuses entire categories of food textures

“I notice some difficulties with my child’s eating - what next?”

A Swallowing problem should be considered a safety risk. It is important to differentiate between a Feeding problem, a Swallowing problem, or a problem that has aspects of both.



It is therefore important to work with a qualified professional, such as a SLP, ENT or GI, at least for initial assessment to ensure the safety of moving forward with therapy.

If an assessment reveals an isolated feeding problem...

Simple strategies to try at home

- ✓ Desensitize new foods through techniques like food chaining (slowly introducing new foods similar in texture, shape, and color to accepted foods)
- ✓ Create a meal time routine
- ✓ Use a “no thank you” plate/cup to help with throwing behavior
- ✓ Focus on positive interactions with food/eating/feeding rather than volume of intake
- ✓ Avoid grazing throughout the day to use hunger to your advantage
- ✓ Use time rather than “clean plate” as criteria for when the meal is over; set clear limits and expectations.

Sources for additional support

Early Intervention

Outpatient pediatric SLP (medical facility or clinic, depending on need)

School special education team, including SLP