

Chapter 6

Visit 3: Part 1

Climbing the Language Mountain

The Biggest Wish

All parents have one big wish for their child with autism: ‘We want our child to talk.’ In this visit, I talk to Jim and Julie Grant about how to help Jacob climb the ‘Language Mountain’ so he will have the best chance of developing *functional* language—language that truly communicates with others.

After deciding on an *intensive intervention approach* (the Grants chose to do the PLAY Project) and *special education services* finding a good speech and language pathologist (SLP) and occupational therapist (OT) for Jacob are the next steps in putting together a comprehensive intervention plan (we’ll discuss OT at the next visit).

While *special education school* programs almost always provide some speech and language (S&L) and OT therapies for children with ASD, the amount of time per week is typically small (as little as half an hour per month and as much as half an hour per week). *Parents can always advocate for more hours of therapeutic services as part of their educational plan* (IFSP or IEP—See *Chapter 5*), but most of my parents, if they can afford it and/or have insurance coverage, add some *private* S&L therapy and OT to their child’s program.

Dr. Rick: “So who’s watching the boys?”

Mom: “Grandma. My mom.”

Dr. Rick: “It’s great that you have that kind of support.”

Dad: “I even like them.”

Dr. Rick: “That’s a plus. The question is do they like you?”

Mom: “Ha ha! They adore Jim. My dad and Jim go fishing together.”

Dad: “I help them around the house. They’re getting up there in age.”

Mom: “But they can still keep up with the boys. It gives me a much needed break.”

Dr. Rick: “So how are you doing? Did you hear back from the school system about that IEP meeting?”

Mom (proudly): “In fact we did. The new IEP meeting is scheduled!”

Dr. Rick: “Way to go! And did you ask for an advocate?”

Dad: “We did. In writing. And we already heard back from her. We’re putting together a plan for the meeting along with some IEP goals.”

Dr. Rick: “You guys have done great.”

Mom: “Today, we wanted to talk about speech and OT goals for Jacob so we could put them into our IEP.”

Insurance Issues.

Dr. Rick: “You are getting so savvy! I agree, Jacob needs both speech and language and occupational therapies but before we get into the details, let me ask you if your insurance covers speech and language and OT services, because that’s the first step in this process.”

Dad: “I checked with my health insurance and they said they’d pay for 60 sessions a *year*—30 for speech and 30 for OT.”

Dr. Rick: “Good work, Jim. That’s not bad. I have a lot of families who get less than that *especially* if the diagnosis is ‘autism’. Did they say they’d give you coverage for autism?”

Dad: “Not exactly. I said Jacob wasn’t talking.”

Dr. Rick: “You have to watch out. In a lot of plans you can’t use the ‘A’ word or you won’t be covered. ‘Autism’ is not a diagnostic code.”

Dad: “They don’t cover autism?! That’s crazy, isn’t it?”

Dr. Rick: “The insurance companies argue that health coverage is supposed to be for *acute medical* conditions not *developmental* problems like autism. Even ‘language delay’ is not sufficient. You have to use terms like ‘apraxia’ for speech or ‘hypotonia’ for OT.”

Dad: “It really burns me that you have to play that game. . .”

Dr. Rick: “Usually they’ll give you your standard therapy benefit without too much hassle.”

Mom: “What if they don’t?”

Dr. Rick: “Call them and find out exactly what the benefit is and which codes are paid for. Get a letter from your doctor. I do letters all the time. Usually the SLPs and OT are good at knowing the codes.

“If you still don’t get the benefit, then I recommend going up the bureaucracy’s chain of command as far as you can go until you find the person who can make the decision.”

Dad: “Who’s that?”

Dr. Rick: “Usually the insurance company medical director or a special insurance board. Be persistent. They don’t want you to be unhappy. If you’ve got a real need, they’ll usually try to help you.”

Dad: “Sometimes I think they’re just protecting their bottom line.”

Dr. Rick: “The insurance landscape is changing and autism is being seen as a ‘medical condition’; so in the future it might get covered but for now we have to play a game.”

Traditional Speech and Language Therapies Are Not Intensive

Dr. Rick: “And I don’t mean to rain on your parade, but even if you do get an hour or two per week, you’re still not getting much intensity.”

Mom: “So one hour a week won’t make *any* difference?”

Dr. Rick: “The real problem with these traditional services is that they are based on an *old medical model*: ‘Bring your child to our outpatient clinic, and we’ll fix him.’ That might work with stuttering or eating problems, but it’s not going to work with autism. It’s disappointing to say, but there’s little evidence that *traditional* language services help children with autism get better.”

Dad: “No evidence?”

Dr. Rick: “Not for *traditional* S&L therapy. There is some evidence for a program called *Hanen* (See *Resources & Websites*). *Hanen* SLPs train parents to interact in a playful way through a twelve-week course. Then, parents apply the method at home.”

Mom: “Jacob got *Hanen* through his early intervention program.”

Dr. Rick: “I love their book *More Than Words*.”

Mom: “After the sessions, though, there wasn’t any follow up.”

Dr. Rick: “That’s true, but you can learn a lot from those sessions.”

Dad: “In the PLAY Project, the therapists come every month, right?”

Dr. Rick: “Right. We give support for one to two years typically.”

Dad: “So should we even do the therapy?”

Dr. Rick: “Absolutely. You must. Good SLPs can be very helpful. They know their business and they can guide Jacob up the Language Mountain. All I’m saying is that one hour of therapy isn’t going to be that helpful. So, what I recommend is this:

- *Stretch* the S&L sessions out to every other week or even once a month. This will make your insurance benefit last longer.
- *Observe* the sessions and learn the methods the therapists are using. You should always be invited in.
- *Videotape* selected sessions for ten minutes and get at the heart of what the SLP is doing.
- Then, *implement* the methods at home and use them throughout the day.

Dad: “That makes total sense. With our insurance benefit of 30 sessions per year, if we do speech therapy once a week we’ll be done with it in half a year. Then we’ll have to pay out of pocket and it’s not cheap. We’re talking \$80 for a half hour! But if we do what you’re saying, we can stretch out the benefit for a least a year.”

Dr. Rick: “Dad, your math is exactly right.”

Mom: “So in the meantime, we go in to the sessions, videotape some of them, and then use the methods all day long.”

Dr. Rick: “Bingo.”

The Wish for Talk.

Dad: “To be honest, Dr. Solomon, I’m a little frustrated with this whole discussion.”

Dr. Rick: “How so?”

Dad: “It sounds like it’s going to take a lot of time and therapy to get Jakey to talk.”

Mom: “We had high hopes for the speech and language therapy.”

Dad: “Because for us, Dr. Solomon, Jacob’s talking is our top priority.”

Dr. Rick: “But he’s already starting to communicate. He takes your hands to get what he wants. He’s starting to understand some routines, right?”

Dad: “But that’s not *talking*. He doesn’t even say ‘Hi’ when he meets someone.”

Dr. Rick: “But he’s got some words that he uses sometimes.”

Dad: “I know, I know, but I want him to *talk*—like Charlie does.”

Dr. Rick: “Charlie’s almost 18 months?”

Mom: “And he’s starting to put some words together.”

Dad: “You can actually carry on a little conversation with Charlie. I just wish Jacob could do that.”

Dr. Rick: “I’m confident that he will, but he’s got to climb what I call ‘the Language Mountain.’”

Mom: “The ‘Language Mountain?’”

Climbing the Language Mountain

All parents have the fundamental wish that their child will **talk** and be able to carry on a conversation. Of course, I share this ‘wish’ too, but I know that in order to get to the mountaintop of *conversation*, children (and their parents) must start at the bottom of the mountain and take their first steps upward.

These first steps begin with the simple ability to *share attention*, then stay *engaged* long enough to interact in a *two-way back and forth* fashion until the child can communicate mostly through *gestures*. This can take a year or even more, depending on how fast your child can climb, so to speak.

<Insert 1.0 JPEG LangMtn here>

The real key in the beginning is to have fun during social interactions by following what the child likes and wants (usually rough-housing) in a way that will make your child want to interact with you.

Paradoxically, this *non-verbal* play is the fastest way to help your child gain language that leads to social communication!

Then, once your child is communicating back *gesturally* (i.e., showing you he wants more by holding up his hands and/or nodding his head and/or smiling), he will start to *understand routines*. This ability to understand is called *receptive language*. He will be able to truly make sense of the world. When you say, “Time to eat” he’ll take his seat in the kitchen or dining room. After several more months, he will be able to *understand the spontaneous one step commands* like “Go get that ball. Bring the ball to daddy.”

Children Will Talk When They Can. . .

- Communicate gesturally
- Follow routines
- Solve simple problems (e.g., get you to get food)
- Play very simple pretend (phone to ear, feeding baby)
- Have longer back and forth interactions
- Follow one-step spontaneous (not routine) commands to ‘go get’ an object and ‘give it’ to someone

When all these preliminary milestones at the bottom of the Language Mountain are in place, then *single words* will multiply. This is called *expressive language*. After several more months to a year, *two word sentences* will emerge. Finally, *longer sentences* will lead to the ability to carry on longer and longer *conversations*. Conversation is the *last* milestone and, depending on the child, this could take a couple of years.

I explain all this to the Grants, but my intuition tells me that they are not really hearing me. They want Jacob to talk no matter what.

Speech vs. Language.

Dad: “Isn’t there any way we can speed up the process?”

Dr. Rick: “Putting in more time—intensity—will speed up the process but if you go beyond the 2-3 hours per day, Jacob will burn out, you’ll burn out, and everybody in the family will suffer.”

Dad: “Oh, we’re going to put in the time, but I’m talking about speeding up speech somehow.”

Dr. Rick: “Actually, you can speed up speech.”

Dad (excited and interested): “How?”

Dr. Rick: “By repetitive drilling and focusing on speech itself. But you have be careful not to speed up speech at the cost of language.”

Mom: “I thought they were the same.”

Dr. Rick: “There’s a big difference between speech and language. Do you know about kids with Asperger Syndrome?”

Dad: “They are smart but odd, like Temple Grandin. I saw her on YouTube.”

Dr. Rick: “But she’s an adult. When children with Asperger Syndrome are young, they have good speech, but they have problems with engagement and the back and forth of real communication. They can’t carry on a conversation. SLPs call this having problems with ‘pragmatics’—problems with socially effective communication. They are good at speech but bad at language.”

Dad: “I get it. *Speech* is what comes out of your mouth. . .”

Dr. Rick: “. . . *Language* is the ability to communicate.”

Mom: “So you can speak but not really communicate.”

Dr. Rick: “Exactly. I have a lot of parents who drilled their children to speak before they were truly ready. The children developed words, but they weren’t connected to people in a natural way. Many of these children sounded robotic, had poor gestural communication (with flat voices or odd sounding talk), or just used words to get what they wanted, but they didn’t *enjoy* interacting and conversing with people.”

Mom: “We don’t want that.”

Dr. Rick: “It’s tempting to just go for speech. It takes a lot longer and a lot of patience and time to build the capacity for real communication.”

A House of Bricks.

Dr. Rick: “Instead of climbing a Language Mountain, think of building a house. First comes the foundation—attention, engagement, a few back and forth circles of interaction. Then come the walls—lots of circles (the ping pong back and forth) of communication, gestures, and problem solving. Then comes the roof—words, sentences, conversations. There’s no way around these functional developmental levels when you’re trying to build a solid structure.”

Dad: “Like the house of bricks in the Three Little Pigs. I’ve been reading the story to the boys.”

Mom: “They’ve been huffing and puffing all around the house.”

Dad: “So we *can* speed up the process of talking. . .”

Dr. Rick: “. . .and build a house of straw. Or we can focus on ‘language’ and communication more than speech.”

Dad: “. . . and build a house of bricks.”

Dr. Rick: “Right on dad! It takes longer this way, but it’s better. It’s hard convincing parents to start basic, but that’s truly the way to go in my opinion.”

When Will He Talk? There’s no way around the Language Mountain!

Dad: “OK, I’m convinced we shouldn’t force speech. But if we do it your way, how long before we get to the top of the Language Mountain?”

I was right. The Grants didn’t really hear me earlier, but I think they are ready now.

Dr. Rick: “I don’t have a crystal ball, but let me walk you through a rough time line on how long it will take for Jacob to climb up the Language Mountain.

“First and most importantly, *you have to have fun together.* That will lead to shared attention and engagement, then longer and longer back and forth interactions. We’re going to focus on these right away in the PLAY Project. Then, assuming all goes well, he’ll march up the mountain with gestures and improving receptive language (understanding) and by then, he’ll have a lot of single words. All this will take nine months to a year. I’m being optimistic here based on Jacob’s profile.

“Then, he’ll start talking in two word phrases after that, hopefully in another nine to twelve months or so. In general, *having a mild autistic disorder like Jacob’s costs a child at least two years of his or her developmental life.*”

Dad: “So, if Jacob is three. . .”

Mom (with a disappointed voice): “. . .then he’s at a one year old level?”

Dr. Rick: “He has some emerging single words like a one year old and he’s communicating mostly in gestures.”

Dad: “That’s pretty discouraging.”

Dr. Rick: “But with intensive intervention, assuming all goes well, we should be able to keep him moving up at a nice pace.”

Dad: “. . . You mean like when he’s six, he’d be like a four year old?”

Dr. Rick: “Some children catch up with their same age peers but most children with autism will stay behind a year or two in my experience.”

Dad (looking at his wife): “One year behind would be OK. But two years behind sounds bad to me.”

Dr. Rick: “One year behind by age six would be wonderful. And it *is* possible. I’m being optimistic here.”

Dad: “Then by the time he’s 40, he’ll be like a 38 or 39 year old!” (Dad and I laugh, but mom is looking sad).

Mom: “So Charlie’s ahead of Jakey?”

Dr. Rick: “I’m afraid so.”

Mom: “That really makes me sad.”

Dr. Rick: “I know. I know. It’s sad when the younger child’s development is better than the older child’s. I know this is a very hard discussion, but please don’t be discouraged.”

Mom: “I’m trying not to, but every day it’s something else. Now, it’s going to be years before Jacob talks.”

Dr. Rick: “Look at me. I really believe that Jacob is going to do well. I wouldn’t say this if I didn’t believe it. I’m actually encouraged. Jacob is already communicating.”

Mom: “But he only has a few single words, and he doesn’t use them very much at all.”

Dad: “Julie, that’s what Dr. Solomon has been trying to say. Words come later.”

Dr. Rick: “Right, Jim. The words will come.”

I look at them, and they both look so forlorn.

Dr. Rick: “OK. Now, you’re making me sad.”

Mom: “So you’re saying it’ll take about two years, and he’ll be talking.”

Dr. Rick: “Not just talking, but really communicating. And it’s going to be fun along the way. Please, you guys, you have to have some faith in the process.”

Dad (raising and lowering his hands above his head): “I believe. I believe.”

Mom (elbowing him - still a little irked): “Don’t be sacrilegious.”

Dr. Rick: “I like his sense of humor.”

Mom: “That makes two of you.”

Dr. Rick: “I’m so sorry this discussion has upset you.”

Mom: “It’s just another disappointment.”

Dad: “We were really hoping he’d talk sooner.”

Dr. Rick: “He will. I know he will. Let’s just take it a step at a time, OK?”

Mom: “I’ll be fine.”

Dad: “What’s next?”

Gestures

Dr. Rick: “Let’s talk about what you can do right now to promote language, and then, we’ll talk about finding a good language therapist. OK if I record this discussion?”

They’re sad, but they’re with me. I get out my recorder and begin.

Dr. Rick: “The next step in language for Jacob involves *gestures*. Let me repeat myself with gestural emphasis.” I stand, raise my hands above my head and shake them as I bob my head with forceful

enunciation and take a step closer to Mr. and Mrs. Grant, “I *cannot emphasize enough* the importance of gestural communication to your child’s language development.”

Dad: “You’re scaring me.”

Dr. Rick: “Up to 80% of our adult communication is in the form of gestures. I distinguish three types of gestures: big, little, and micro gestures.”

Types of Gestures

Big

- Taking hand
- Turning head
- Body orientation

Little

- Pointing
- Head nodding or shaking

Micro

- Eye contact
- Vocal inflexion

Mom: “Jacob is gesturing a lot.”

Dr. Rick: “A lot. So let’s make sure we pay attention to the *intentions behind his gestures* and treat gestures as if they matter because they do!”

Don’t Ignore the Meaning of Gestures. In my workshops I give this example of ignoring gestures: There’s a little boy, we’ll call Johnny, who wants some juice from the fridge. He’s gesturing. He’s reaching, pointing, making faces that clearly indicate with gestural language that he wants juice.

His mom says: ‘Johnny, what do you want?’

Johnny’s arm is out pointing; he’s grunting, he’s reaching.

Mom: ‘What do you want?’

Johnny: Grunting, getting frustrated, still not saying what mom wants him to say. Finally, Johnny gives up crying and starts to wander off.

Mom: ‘What do you want? Say ‘juice’, say ‘I want juice please?’

Johnny: comes back in anticipation.

Mom: ‘Say ‘juice’. ‘I want juice, please?’

Eventually after many trials, Johnny may learn to say ‘juice’, but this is a mistake of parents who think that *speech* is the goal. No! *Language* is the goal. And early language is about **gestures**, not words. Johnny was clearly communicating what he wanted through *gestures*. By ignoring his gestures, Johnny’s mother is ignoring his most important communication system. As a result, Johnny’s gestural language may be impoverished.

Dr. Rick: “How would *you* like it, mom, if you went up to Jim and (gesturally) pursed your lips as you leaned forward to give him a kiss and he says, pulling back: “What do you want, Julie? Say ‘kiss,’ say ‘kiss.’” It would be insulting and infantilizing, right? It’s no less frustrating for children.”

Mom: “I never thought of it that way.”

Dad: “I’d never do that. She’s the one who makes *me* work for a kiss.”

Mom (in mock warning): “Jimmy, if you want a kiss, you better watch what you say.”

Dad: “Yes, dear.”

Dr. Rick: “Smart man. By not paying attention to *gestural* intention, we trade the child’s true communication system (i.e., gestural language) for speech. A bad trade. If you ignore gestures, your child will learn that his gestures and intentions don’t matter. As I said before, you must have faith that *speech* will come naturally as *language* develops. As I say to parents ‘You can’t push the speech river.’ Trying to hurry speech can ruin language.”

Dad: “Right. We want language, not just speech. Got it.”

True Speech Delay.

Dr. Rick: “There is one exception to the rule that speech will follow language development. Sometimes this is called *apraxia* or *dyspraxia*. I call it an *expressive language delay*, which occurs when *receptive language is much better than expressive language*.

“Here’s my general rule of thumb: *When your child can follow one to two step commands (e.g., ‘Go get that cup and give it to daddy’) and is still not talking in one word phrases, then he/she has an expressive language delay.*”

“Solutions range from traditional speech therapy, to computerized communication devices, to alternative speech interventions. This is where your SLP comes in. They are truly experts on speech delays.”

Promoting Language: Techniques

Mom: “Do you think Jakey has dys. . .”

Dr. Rick: “Dyspraxia? No, I don’t think so. Time will tell, but he’s got a few words, and he pronounces them fairly well. We’ve just got to start where he’s at and build.”

Dad: “Where do we go from here?”

Dr. Rick: “There are a number of wonderful methods and techniques for building language. The most important is to have fun together. But there are techniques. I’ll just mention a few here to get you going; but that’s the real reason you need a good SLP—to guide you up the Language Mountain.”

Language Techniques

- Honor gestures as communication
- Speak **for** the child. Use statements not questions.
- Onomatopoeia—word sounds like what it means
- ‘Asked and answered’
- Salient Language
- Speak **to** the child in normal tones and rhythms. No baby talk!
- The 20 top words that matter

Dr. Rick: “When your child gestures, try one of my favorite techniques: *Speak for* your child’s gestures in the form of a *statement that he might say*. In my experience, parents ask way too many questions and then wonder why their children’s voices go up at the end of the sentence: ‘Want juice?’, ‘Go outside?’, ‘Eat cookie?’ *Make statements*. Keep it simple. When he reaches for the juice you can say, ‘Oh, you want juice.’ as you hand him the juice; or simply ‘Juice, here’s your juice.’”

Mom: “I think I’m guilty of asking way too many questions.”

Dr. Rick: “Don’t feel too guilty. Most parents do that. Just be aware of how you’re talking and try to make more statements. Another technique I like a lot is called *onomatopoeia*.”

Mom: “I remember that from high school English.”

Dr. Rick: “The word sounds like what it means. Like ‘buzz’ sounds like a bee buzzing. Or making your voice go up when you say ‘U-u-u-u-p’ and down when you say ‘D-o-w-n-n-n.’ Use guttural sounds ‘uh oh’, ‘zooooom’, ‘grrrrr’, ‘vroooooom’. It makes sense to the children. They love it especially when you rough house and make sounds at the same time.

“A cool technique I learned from one of my SLP friends is called *asked and answered*. So in the case of getting juice, you would *ask*: “Jacob, you want *juice*?” Then you *answer*: “OK. Here’s some *juice*.” That way he hears the word ‘juice’ twice.

“Remember to use simple, *salient language*. Both of the techniques above use salient language. Salient means ‘stands out’. Label objects (like ball, car, bubbles) and actions (like jump, on/off, open/close). Name people (mommy, daddy, Charlie).

“Jacob will first talk using single words and the words he’ll say will be the most important words to him, not to you. So the next technique is to decide what words are the most important. I call this the Top 20 words.”

Dad: “You mean like ‘out’. He loves to go out.”

Dr. Rick: “Exactly. Words like ‘three’ for 1-2-3. Or ‘go’ as in ‘ready-set-go’. These are the pay-off words. Here’s a set of a child’s first words with their functions (I hand him the list.)”

Child’s First Words

- Rejection: No
- Nonexistence/Disappearance: All gone, away
- Cessation or prohibition of action: No, stop
- Recurrence: More, again
- Action on objects: Get, do, make, throw, eat, find, draw, fix, wash, kiss, bump, push, squeeze
- Locative action: Put, take, up, down, out, fit, sit, fall, go, dump, turn
- Attribution: Big, hot, dirty, pretty
- Possession: Mine
- Commenting: Look
- Social Interaction: Hi, bye-bye, night-night

Dad: “Very helpful.”

Mom: “So in the beginning when we’re *speaking for* Jacob, we should use one word or two word phrases that Jacob might say if he could talk.”

Dr. Rick: “Bingo. On the other hand, when you are *speaking to* Jacob, talk in sentences with normal tones and rhythms.”

Dad: “Aren’t you contradicting yourself?”

Dr. Rick: “It may *sound* contradictory, but it makes sense. You talk to Charlie in full sentences don’t you?”

Dad: “We do.”

Dr. Rick: “Why? Because you want him to hear what appropriate language sounds like. So don’t baby talk!”

Mom: “I think I baby talk to Jacob all the time.”

Dr. Rick: “I’m glad you can see that. Now, you don’t want to talk in language that is too complicated. Keep it simple but use full sentences, a normal tone, and rhythm. You’re allowed to sing!”

Mom: “I love to sing.”

Later Language Milestones

Dr. Rick: “So let’s finish up this discussion on how language progresses up the Language Mountain because we still have to talk about finding a good SLP for you.

“After talking in one to two word sentences, Jacob hopefully will be able to:

- *Imitate* any word you ask him to say
- He will be able to answer ‘What’ (“What is this?” “A dog”)
- ‘Who’, and
- ‘Where’ questions (“Where is daddy?” Child points at daddy.)
- He will answer ‘yes and no’ appropriately

Later Language Milestones

- Imitate most words you say
- One word sentences (Labeling objects)
- Two word sentences (‘Mommy, out’)
- Simple conversations
- What, Where, Who questions
- Verbs and actions
- No AND Yes
- Open ended ‘what’ (‘What are you doing?’)
- Simple Pronouns (me, mine)

“Eventually, Jacob will be able to answer open ended ‘what’ questions like, “What are you doing?” or “What do you want to do?” This is when he will be ‘talking.’”

Dad: “I can’t wait.”

Dr. Rick: “I hope you can see how the Language Mountain works.”

Mom: “We start with interaction, then gestures, then words.”

Dr. Rick: “By George, she’s got it. Eventually, he will ask and answer ‘Why’ and ‘How’ questions and will be able to recall the past, e.g., “What did you have for breakfast?” or “What did you do at school today?” Pronouns come in later too. Over this time, the number of words, the length of sentences, and the sophistication of grammar will increase.”

Choosing an SLP

Dad: “This has been very helpful, and I think we’re feeling better, but we’ve got to make a decision.”

Mom: “Where do we go for a good language therapist?”

Dr. Rick: “I’d start with the SLPs that are covered through your insurance. That way there’s no out of pocket expenses.”

Dad: “But we want a good SLP.”

Dr. Rick: “Most of the hospitals and university clinics are very good. I’ll give you some names of private rehab centers. They take insurance too. I’ve also got a list of private therapists who don’t take insurance.”

Dad: “Why not?”

Dr. Rick: “They don’t have to.”

Dad: “I get it. They’re really good.”

Mom: “I think we’ll look for the ones who take insurance first. But how do we know they’re good?”

Dr. Rick: “Here’s my criteria:

- First of all, they should be fully credentialed and licensed so you know they’re well trained. All SLPs at hospitals and universities are licensed.
- It would be very helpful if they were recommended from someone you trust.
- Next, they need to make a connection with Jacob.
- They should know how to help Jacob climb up the Language Mountain.
- And lastly, they won’t be afraid to let you in to observe and videotape. They should be willing to teach you how to help Jacob at home by giving you some homework.”

Dad: “That brings us full circle.”

Dr. Rick: “One more thing. In my experience, S&L therapists come in two types—those who are more *speech and language* centered and those who are more *child* centered; the first type tends to focus on language goals and the second type tends to focus on the child’s play interests. Speech and language centered therapists will use *drills and activities* more often than not. Child centered therapists will use *play* to motivate the child to pay attention and engage through fun back and forth interactions. Many talented therapists can use both approaches effectively.

“My bias is this: Jacob is still at the early intervention stage at the beginning levels of the Language Mountain. He needs a more *child centered* SLP. When he’s developed better receptive language and is beginning to understand simple ‘wh’ questions (about age two equivalent), then I’d recommend a more speech and language centered therapist. It would be best if you found someone who can do both.”

Mom: “Thank you so much Dr. Solomon.”

Dr. Rick: “Are you feeling better about the ‘talking’ issue?”

Mom: “It’s best to know the truth. I’ll get over it. I’ll feel a lot better when we get going.”

Dad: “We’re going to help Jacob climb that Language Mountain from the bottom up.”

Dr. Rick: “I really think that’s the best. I’m very hopeful about Jacob’s language. The other thing we have to talk about is occupational therapy because we don’t want Jacob’s sensory issues interfering with his progress. Plus, occupational therapy is fun, and that’s the first order of business.”

Summary

- Jim and Julie Grant’s main wish is for Jacob to talk in sentences and be able to carry on a conversation
- They want to get speech and language therapy so Jacob will ‘talk’
- We discuss insurance coverage and how to make the most of speech and language therapy
- I introduce the Grants to the *Language Mountain* and distinguish between ‘speech’ and ‘language’
- It’s hard for Jim and Julie to hear how long it takes for a child with autism to march up the *Language Mountain* and gain conversational skills
- Language begins with functional development at the bottom of the Mountain, namely, paying attention, staying engaged, and initiating two-way interactions

- In order to improve functional development, parents need to have fun and enjoyable interactions that honor the child's ideas and intentions
- I think I convinced the Grants that if they try to force speech, and skip gestural and receptive language to achieve 'talking', the cost will be a loss of complex language

Resources & Websites

- Hanen: <http://www.hanen.org/Home.aspx>
- Fern Sussman, *More Than Words and Talkability*, as well as other Hanen resources: <http://www.hanen.org/Guidebooks---DVDs/Parents.aspx>

Coming Up Next

- What is Jacob's 'sensory profile'?
- How can we help Jacob regulate himself?
- What are 'Sensory Integration/Occupational Therapists' and how can they help?