

Speech Language Therapy Frequently Asked Questions

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1. What is Speech-Language Therapy?

Speech-Language Pathologists (SLPs) are... trained in human communication, its development and disorders, eating and swallowing problems. SLPs are committed to the prevention, early identification and treatment of speech, language, communication, or feeding difficulties.

SLPs provide screening and assessments to identify delays or disorders and develop therapy programs to help children develop strong speech, language, and communication skills.

An important component of speech-language therapy programs is teaching strategies to parents and caregivers so that they can help the child to understand and produce language and communicate more effectively with others. A communication problem affects not just the child but also the communication partners, family, peers, and teachers.

Speech-Language Pathologist (SLP) is the official name of the profession in Canada often shortened to SLP or speech therapist. All SLPs working in the therapy programs are Registered Speech-Language Pathologists, licensed to practice in BC and hold at least a Master's degree.

Speech, Language, Communication. Is there a difference?

Yes. Language is what we say and understand, and speech is the way we say it. We communicate with more than words. Communication includes all the ways that a child tells others what they want, think, and feel using voice, facial expression, gestures, or words.

A child with a language disorder may have problems understanding spoken language and/or putting words together to communicate thoughts and ideas.

Receptive Language (Auditory Comprehension) is how a child understands what is said to them. SLPs can help if a child has difficulty understanding or processing language.

Expressive Language is the ability to tell others what we like or don't like, what we want or how we feel. Initially a child communicates through facial expression, body language and sounds, and then sounds into words, words into sentences and sentences into a conversation or story. SLPs can help if a child has difficulty putting words together, has a limited vocabulary, or is unable to use language like other children their age.

Social Communication is how we interact with others. SLPs can help if a child has difficulty playing and interacting with others, taking turns to speak, staying on topic, following another's interests or finishing a conversation.

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A child with a speech disorder may have problems with:

Articulation – (Speech Sounds): Some children have difficulty producing sounds in syllables, or saying words like other children of the same age. This may be related to the underlying motor tone in children with cerebral palsy or many syndromes, or motor planning difficulties for speech e.g. childhood apraxia of speech. SLPs can help children produce new sounds so the child is easier to understand.

Stuttering – (Fluency): Some children have difficulty producing smooth speech. Most children, at some point in the early years, experience episodes of dysfluency. This can include pauses, fillers such as umm, or repeating whole words (Can can I) usually when the child is thinking of what to say. When the flow of speech is interrupted by repetitions of sounds or syllables (b-b—b—ball), or prolonging sounds and syllables (sssss-sock) this is called stuttering. SLPs can help children to produce fluent speech.

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Resonance or voice: Some children have problems with the pitch, volume, or quality of voice that distract their listeners from what’s being said. SLPs can help children with breathing or speech and voice production that can result from damage to the vocal folds following intubation, release of air through the nose due to a cleft palate, difficulty in breath control in children with cerebral palsy, or children who have gone hoarse through shouting.

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Dysphagia/oral feeding difficulties: Some children have difficulty with eating and swallowing due to a variety of medical conditions. When a child has difficulty with saliva (drooling), eating, and swallowing, SLPs can help a child develop more mature eating skills and ensure safe eating and swallowing. If a child is tube fed, SLPs can also help transition to oral feeds, if appropriate, and encourage participation in meal times with the family.

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2. Why is SLP important?

The early years are crucial for speech, language, and communication problems. Building skills in the first 5 years of life is important to lay a strong foundation for learning in school. Children begin learning language before they are born and by 3 have learned most of their language skills.

My child is late talking, should I be worried?

A first step is to use this checklist.

[Speak, Read, Succeed Interactive Checklist](#) is useful for children 0 – 6 years of age.

A rule of thumb is that if a parent is worried, it is worth following up. The speech-language pathologist can give a clinical opinion and ideas to encourage the child to interact with others and strategies to help the child learn language. The SLP will then monitor the child’s progress. If your child has difficulty understanding language or appears withdrawn, seek help.

Contact a health unit for a hearing assessment if your child has a suspected hearing problem or has frequent colds or ear infections.

Will my child outgrow it?

Many children are late talkers. One of the challenges of working with infants and toddlers is deciding who will outgrow a language delay and who will not. Some catch up quickly (late bloomers) and some will continue to develop more slowly through the toddler and preschool years.

You will hear “He’s a boy” or “She is only 2”. There is no crystal ball, but there are some factors that increase your child’s likelihood of not outgrowing the delay.

These include:

- Poor comprehension of language
- Limited use of gestures
- Limited interest in people
- Family history of speech and language delay
- Developmental or neurological concerns
- Prematurity

A rule of thumb is to pay attention to your inner voice. If you are concerned or your child shows some of these risk factors, SLPs recommend that you do not wait and see, but consult with a SLP. If a child has problems with understanding or talking, he may be frustrated and let you know through challenging behaviour. Suggestions from a SLP may help reduce this frustration.

My child is hard to understand, should I be concerned?

Children continue to develop sounds until 7 or 8 years of age. There is a typical pattern of development – some sounds come early and some come later. A good guide to typical sound development is how easy it is for others to understand the child’s speech.

Typically parents can understand their child

- 25% of the time by 18 months
- 50 – 75% of the time by 24 months
- 75 – 100% of the time by 36 months

It takes longer for a child to be understood by unfamiliar people

- Child aged 1 will be intelligible to strangers 1/4 or 25% of the time
- Child aged 2 will be intelligible to strangers 2/4 or 50% of the time
- Child aged 3 will be intelligible to strangers 3/4 or 75% of the time
- Child aged 4 will be intelligible to strangers 4/4 or 100% of the time

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Children with hearing loss

Some of the children referred to the therapy program at BCCFA have a hearing loss in addition to developmental concerns.

Children with hearing loss who meet the criteria for the EIT program can receive SLP services since speech-language pathologists contribute vital skills to early intervention teams who support babies/children with hearing loss and their families.

Children born in BC are routinely screened through the Newborn Hearing Screening Program to detect hearing loss early and begin intervention services when the child is very young.

Many children with hearing loss already receive speech and language therapy services through the BC Early Hearing Program (BCEHP) so do not require SLP services from BCCFA. Children with complex medical needs have the option of receiving SLP services from a designated SLP at BCCFA if receiving other therapy services.

Children with mild or unilateral hearing loss or fluctuating loss due to ear infections can also receive SLP services if receiving other therapy services.

[Click to read more](#)

3. What happens after the referral?

Upon the receipt of a referral:

- The parent/guardian will receive a letter to confirm that the referral was received. If the referral came from a community professional (physician, nurse, IDP, etc.), the parent will be asked to complete a parent referral as well.
- Parent/guardian will receive a call from our Intake Coordinator who will clarify the referral, gather additional necessary information, explain the various service possibilities, and finalise an Initial Service Plan with specific referrals.
- A summary letter will be sent to the parent/guardian detailing the Initial Service Plan.
- Our Intake Coordinator will include information on education sessions that may benefit your family.

What happens after Intake?

Following Intake:

- Screening Assessments are the next step in service provision and will determine future services that your child may need, based on the SLPs clinical judgement and family priorities.
- Screening Assessments are required for attendance at any therapy groups for children and their families or for ongoing monitoring.
- If the family cannot attend any of the up-coming screening clinics, the child will be placed on the waitlist for a Screening Assessment in the community at some later date.
- A full SLP Assessment is required if ongoing individual therapy sessions are offered.

Why does the SLP work with me instead of working directly with my child?

In order to answer this question, we first need to look at how children learn language.

- Children learn language from parents and primary caregivers.
- Children learn to communicate through everyday interactions with important people in their lives, particularly in routines and activities that they like to do together. Parents teach their child language, and SLPs can teach parents and caregivers how to help their child learn speech, language, and communication skills.
- SLPs will observe a child interact with their parents and other primary caregivers to understand how a child is currently communicating, to investigate why the child is not learning language and demonstrate strategies to help language input.
- Practice is important in strengthening the neural pathways for understanding and producing language. These connections will be stronger if the child is exposed to, and produces language throughout the day.
- The time spent outside the therapy session is more important in helping a child learn than the time spent with a therapist. The child's learning takes place between sessions. Once the speech-language pathologist has worked out what the child can do and what the child needs to learn next, the SLP will suggest specific strategies that parents can use to help the child learn during the rest of the week. By using recommended strategies during daily routines we can ensure true learning.

- Early Childhood Educators play an important role in helping children develop strong communication skills, so SLPs are also able to provide consultation to child care programs for specific children.

What happens if my child does not speak English?

Children all over the world often speak more than one language. Bilingualism is the norm in most countries.

Many children in BC are English Language Learners (ELL) exposed to their first language at home and English when the child goes to preschool, Strong Start, or Kindergarten. Some SLPs are able to speak a variety of languages, so are able to communicate with the child directly. However, in most cases, we work with the primary caregivers and use interpreters to communicate with parents who have little or no English. Research currently supports children learn in their first language. The stronger a child is in the home language, the easier it is to learn a second language. SLPs encourage parents to talk to the child in whichever language they feel most comfortable and we will teach parents and caregivers in language strategies to help the child learn the home language.

Will the SLP ever work directly with my child?

A SLP will work directly with the child and use parent checklists to assess language skills and will demonstrate strategies when coaching caregivers. If the child is slow to develop language, but is following a typical pattern, the SLP will guide the parents in next steps and new strategies.

SLPs are more likely to work directly with the child if the child is unintelligible or has difficulty with grammar or needs a picture communication system or voice output device to communicate with others. Therapy may occur in group or individual sessions depending on the child's clinical profile and goals. Many parents expect higher levels of intervention if the child has a diagnosis of Autism Spectrum Disorder. We have experience working with a wide range of behavioural teams and have found our time is more effective working with the behavioural consultants to help individualise the curriculum and embed speech, language, or communication strategies into the front-line work of the behavioural interventionists. This is especially important if the child has complex medical needs.

While children are waiting for BCCFA therapy services, parents may wish to access private therapy services. When the child's name comes up on the waitlist, parents will be asked to choose whether they wish to continue services with the private therapist, or access services from the therapist here. Choosing to continue accessing private therapy for one discipline will not affect your access to other therapy services from the BCCFA.

For a list of Speech-Language Pathologists in private practice, [click here](#).

If a child has Autism funding and you wish to invoice MCFD for speech-language therapy services, please choose a service provider from the [Registry of Autism Service List](#)