

Speech and Language Therapy Report

Name: Lynden Bradfield

Address: 2 Welton Close, Kibworth, Leicestershire, LE8 0JY.

Speech and Language therapist: Sarah Needham

Date: 18th April 2008.

Lynden was seen for his initial assessment on the 11th December 2007. Since this time, Lynden has been seen weekly within his home setting or within the Autism unit at his nursery for an hours session.

I have worked closely with both Lynden's parents, teaching staff and pre-school teacher Jane Mansfield, forming joint therapy targets focussing on all aspects of Lynden's learning. I have also liaised with Lynden's previous NHS Speech and Language Therapist Emily Cocking prior to her going on maternity leave.

Observations and recommendations:

Throughout the last 4 months, Lynden has shown a positive response to a range of communication approaches including;

- Picture Communication Exchange
- Intensive Interaction
- Sensory integration activities
- ❖ TEACCH work station approach

Lynden has shown that his communication needs can differ from month to month. In previous months Lynden has responded with increased verbal communication to approaches presented at his work station. During April he has shown an increased verbal response to Sensory Integration and

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Intensive Interaction approaches. During such interactions, Lynden has requested activities to start by using an appropriate action or naming word; 'tickle' 'tummy' 'back' 'fast' go go go'. 'high'. He has recently been more motivated through physical activities that meet some of the sensory seeking needs that he often shows.

It has been noted by the team that Lynden seeks, deep firm pressure on his chin, often leaning on an adults arm with his chin, or requesting their hands under his chin. Lynden walks on tip toes, to gain deep firm pressure up through the balls of his feet. He can seek visual stimulation watching the tv at a close distance or manipulating the light with his fingers. It is important that Lynden's sensory needs are taken account of in his home and teaching setting, building in times for a sensory circuit and some 'sensory time out'. We are currently looking to implement this system in the nursery.

Lynden's verbal communication is noticeably increasing. He is now more confident to use verbal communication at nursery, which may also have been encouraged since I have joint coached the staff in the strategies used to elicit verbal requests. It is very important that the cross over between home and education continues, since consistent approaches must be used to support Lynden achieving his full learning potential.

A a speech and language therapist, my role has supported the sharing of information and coaching of strategies between home and school to enhance the same communication opportunities for Lynden in both settings.

I have previously provided the following information below,, to help support the ongoing therapy targets for Lynden at home and at nursery;

Encourage more independent naming - Lynden is building up a good repertoire of naming words and is happy to copy these words after an adult. Use your tone of voice (intonation) to lead him up to the word as if you were going to say it e.g "I can see a" the anticipation may help Lynden to say the word before you get there, if he doesn't sense a pressure/demand to say the word.

1. Encourage choice making with naming words - Lynden needs to have a reason to communicate, try to include choices as part of his every day routines; when choosing drinks, snacks, dvds, toys, clothes and places to go. Where possible hold the two choices out in front of Lynden and introduce the choice starting with his name "Lynden do you want water or orange?". Try to pair up a highly preferred with a not so preferred, so if Lynden makes the wrong choice he will not be so happy with the choice. Initially you might need to present the choice twice over and then interpret his response the second time if he gets too distressed. It is important though, to consistently follow through with the choice he has

made, so he learns that the words do mean something. If he makes a fuss then offer the two choices again rather than just giving him the one you know he wanted originally.

- 2. Introduce action words Lynden is repeating back lots of naming words and is beginning to show signs of using them more spontaneously. He now needs some other words to join the naming words to. Action words are very 'concrete' concepts as you can show him what it means as you say it jump, sleep, drink, laugh.
- 3. Introduce further concepts In order to extend Lynden's spoken words/sentences he needs to be introduced to further concepts. It is easier for Lynden to understand concepts that are very concrete and meaningful. Therefore concepts such as big and small, on and under, fast and slow are very visual and easy to show him. Play games working on a pair of concepts at a time e.g big and little grouping toys in his play room into big and little, dividing the same toy animals into big and little big elephant/little elephant. Once introducing a concept start to model these concepts in every day routines and bring these two words big and little into his sentences; "I want the big cup". Once successfully introducing two concepts work on the next pair. Don't try to target more than one pair at a time or he will become confused.
- 4. Extend sentences with meaningful words it is more communicative for Lynden to learn size, position, colour concepts (as suggested above) than it is to just add please and thank you to his one word utterances. When thinking about extending his sentences add meaning rather than social greetings. We do obviously want Lynden to learn good social greetings, but he is more likely to hear these modelled every day than other concepts.
- 5. Visual timetables and boundary setting use the visual timetable to help set behaviour boundaries. For example first dinner then dvd. The visual timetable is a clear way to reason with Lynden without entering into too much verbal discussion. Show him on the visual timetable or a now and next card what will happen. Ensure to stick to the reward/motivator i.e put the dvd on if you have shown you will. Be clear with your boundaries and stick to them, although initially Lynden may be frustrated he is likely to be far more accepting in a day or week than if the boundaries shift to cope with a negative behaviour reaction.

FOLLOW UP:

I have discussed the above targets/strategies with Amanda during my first visit to see Lynden at home. I have put these in order of development so it is best to work through these in order. You may achieve some very quickly and can therefore begin to work on a second whilst generalising the first skill.

I now plan to make contact with the NHS speech and language therapist Emily Reid, as well as making contact with Jane Mansfield. I would like to suggest a joint visit to the Autism unit so that I can also see Lynden in his teaching environment and so that we can discuss any of the above ideas and the targets that are within his I.E.P. It would be useful to meet up with Lynden's parents at the end of the session so that all together we can discuss our roles together and how the multi-disciplinary team can support Lynden at home and at school. Amanda is happy for nursery to call upon me to demonstrate and coach any of the ideas above or within his I.E.P so we can see Lynden developing consistent skills between home and nursery; this would always be in liaison with the multi-disc. team.

I shall look to make arrangements to visit Lynden in the second week back after the Christmas holidays, so that Lynden and staff can settle back into nursery. Following this visit I shall write a full report summarising my observations and our discussions, to form an agreed joint therapy plan.

Please do not hesitate to contact me via Amanda in the first instance should you have any questions or need any further explanations, relating to this summary.

Date: 10.12.07

Signed: Sarah Needham

Sarah Needham

Director of Services - Speech and Language Therapist.

CC: Parents
Nursery
Jane Mansfield - PST
Emily Reid - SALT
Dr Brooke - Paediatrician

File.