

[00:00:01.390] - Lisa Qualls

Welcome to the Adoption Connection podcast, where we offer resources to equip you and stories to inspire you on your adoption journey. I'm Lisa Qualls

[00:00:10.400] - Melissa Corkum  
and this is Melissa Corkum.

[00:00:12.200] - Melissa Corkum  
Don't worry, we get it. And we're here for you.

[00:00:18.930] - Lisa Qualls  
This week, we're bringing you a recording from a recent workshop that took place in the Village.

[00:00:29.410] - Melissa Corkum  
So today we have a workshop about speech and language development after trauma. And so we're glad you can all be here. If you bought a ticket to this event, welcome. We do these workshops every month with a guest expert inside our membership community called The Village. So if you are wondering what The Village is, you can go to [theadoptionconnection.com/VILLAGE](https://theadoptionconnection.com/VILLAGE). These workshops are included. You also get lifetime access, all the recordings, and we do lots of gatherings here on Zoom that aren't workshops where we just kind of support each other, get to do check ins, we do Behavior Q&As. So if you are looking for kind of additional support, maybe it's hard to get local support where you are, we would encourage you to check that out. So, without further ado, I am going to turn it over to Kara and let her introduce herself and then tell us all the things we need to know about speech and language. So, Kara, thanks so much for being here.

[00:01:26.360] - Cara Mohundro

Thank you all for inviting me. It's an honor. My name is Cara Mohundro, and I am a pediatric speech language pathologist. I have been working in that field since 2005. So I think that's like 17 years now, getting close to the big 20. And I have worked in a variety of settings, including outpatient hospital settings, inpatient hospital settings, in home therapy, private clinics. I've done a tiny bit of school based, and I'm currently working two places here in Memphis where I live. I work for the Memphis Family Connection Center, which is sort of a wraparound care provider, especially for kiddos who have experienced trauma. We are TBRI trained at MFCC and try to provide care not only for foster and adoptive families, but for other kiddos who benefit from counseling services, occupational therapy, speech therapy, et cetera. And then my other job is at the Le Bonner Children's Hospital. I work in our outpatient department and see kiddos in that manner. So some of the questions that were asked prior to the presentation that I want to be sure to answer are just what speech language pathologists do, where you can find us, why kids who have experienced trauma might need to see an SLP? What's the difference in those kiddos that we might notice? How to start that evaluation process? What factors are at play when English is not the first language, but you feel like speech therapy is something that that child needs and just a few things you can do to help at home. So the disclaimer is just that it may kind of feel like we're hopping from one topic to the next. But that's because I wanted to fit in as many of those answers for those questions as I could. Okay, so what is a speech language pathologist? I love this shirt that is put out by a speech language pathology company. It says, Because speech language, voice, swallowing, fluency, pragmatics, cognitive communication modalities pathologists wouldn't fit on my ID badge. So what do SLPs do? We do a lot. What people think we do is usually the speech piece, which is articulation and we do do some of that as well. We teach kids how to say their sounds, how to position their mouth to articulate correctly. But within that speech category we also cover fluency. The most common fluency issue is stuttering and we sometimes work on voice and resonance. So that might be a kiddo who has developed vocal nodules or who has hypo or hypernasality. We could work on those things. Within the category of language, we cover receptive language, which is your understanding of language. We cover expressive language, which is your use of language, and it also includes written language. So that's something that I think some people are not aware of. But some SLPs do specialize in the written language and reading side of things. So like kiddos who have a diagnosis of Dyslexia might see an SLP to work on that. We also work in the realm of social communication and you might have heard that referred to as pragmatics. And that's just kind of like the rules of a conversation. So does the kiddo know in a conversation that we take turns in

talking? Do they know that if someone asked me a question, I'm expected to provide an answer? Do they know how to make a greeting or have to leave a conversation without just kind of walking away, leaving it unfinished? And do they know those rules of nonverbal communication, things like how close to stand to a person, and what it means when our facial expression changes.

[00:04:39.730] - Cara Mohundro

We also work in the realm of cognitive communication, and that can include things like language, organization and memory. So you might think about things like, if you've listened to a story and then you're expected to retell the story, what has to go on inside your brain to sort of reorganize the language that you heard and then be able to produce that retelling. We work in the realm of swallowing and feeding as well. That is including both oral motor and sensory sides of feeding delays and disorders. So the oral motor side of things is what's actually going on with the musculature of the mouth and what's required to swallow. And then there's the sensory side of things. Some kiddos who are super picky eaters will come to see us so that we can work on the sensory aspect of getting them ready to eat. And then some SLPs also, especially in hospitals, study the pharyngeal phase of swallowing. So you might have heard of a video fluoroscopic swallow study or a modified variant swallow study, that's when the kiddo goes in with X ray and we watch what's actually going on with the swallow to see whether or not they're aspirating. And then recommendations might be made to make changes to their diet, to make them more successful at swallowing. And then just some sort of other areas that we work in include oral rehabilitation, which is working with kiddos who are deaf and hard of hearing. AAC, which stands for Augmentative and alternative communication, and that can include a variety of things. It might include like having a picture system for kiddos who are nonverbal. Might include teaching some sign language. Sometimes that is alternative, as in they're not going to talk, so we're using sign language. And sometimes that is augmentative, meaning in this time period where we're trying to teach you to use your words, we're going to give you a faster way to use signs, in the meantime. And that also includes getting kiddos set up with communication devices. Some of those are iPad based, some of them are their own system, but like a technology based system for communication. And then this is more rare in our field, but I just didn't want to make you aware that some SLP services are more elective. So it could be people who want to increase their communication effectiveness, maybe in the business world or maybe specifically accent modification for someone. It could be actors and actresses who are working on accents and things like that. That is something that a few SLPs get to do.

[00:06:56.450] - Cara Mohundro

So where would you find an SLP? I almost just wrote all over the place. But SLPs work in a variety of settings and I'll kind of go from the littles to the bigs that we treat. The early intervention SLPs primarily are going to work in homes or in whatever is the child's daily environment. So if it is a child whose parents are both working, and they're in daycare, then those early intervention SLPs will go into the daycare or into the home, wherever those kiddos are. And that's typically birth to 3. SLPs are in schools, elementary all the way through high school. We're in hospitals both in, inpatient and outpatient settings. Some do work in private practice. We're in just outpatient clinics. You'll find us in colleges and universities both in treatment programs. Most colleges and universities are training future SLPs. So they want to have patients for those SLPs to practice on under the supervision of the SLPs who are employed by the colleges and universities to be both clinical trainers and professors.

[00:07:52.810] - Cara Mohundro

There are some who work in home health beyond early intervention, so that can be home health with the adult population, or even some agencies do home health with older kiddos. Now more than ever, SLPs are working in telehealth. One caveat to that is that in order for us to perform telehealth, we do have to be licensed in the state that the child is in when they're being seen. So you can't necessarily just look up an amazing SLP and have your insurance cover telehealth services from across the nation, unless they happen to be licensed in your state as well. However, there are plenty who will let you pay out of pocket for that service, if you just happen to have tons of money. And then within the adult population, again, they're in adult hospitals, and then there are many SLPs working in a skilled nursing or assisted living type facility.

[00:08:34.390] - Cara Mohundro

All right, so the question came up of how do I know when it's time to refer my child to see a speech language pathologist? And this kind of seems like so obvious an answer that you think, why do you even say that? But if you have concerns about any of those areas I mentioned before. So if you have concerns about speech, if you have concerns about language, if you have concerns about feeding and swallowing, that's the time at least to go ahead and ask the doctor, hey, is my child on track? Or are we falling below the milestones that you would expect them to be meeting at their age? You can go and compare to the developmental milestones yourself. The CDC has Milestones and ASHA, which is our national Speech, Language, and hearing organization for speech, language, Pathologists, and audiologists, has Milestones listed for zero to five on their website, which I included here on the slide. And then another thing to consider if they are school age, is just how are the potential delays or disorder affecting school performance? So if you're seeing that they're struggling, especially if you're seeing that they're struggling as they get into the older grades when so much more language is required. I think about how they say in the younger grades we learn to read, and then the older grades, we read to learn. So especially if once they've crossed that sort of border of, hey, now we need to read to learn, and reading is really hard, or now we need to listen to learn, and I'm supposed to be listening and doing that language organization to take notes on what the teacher is saying and that becomes hard and you're seeing school performance affected, then I would say that's a great time to seek a referral. So anytime, anytime you're in doubt, just check it out.

[00:10:04.730] - Cara Mohundro

I did hear that this particular group might have some with older children. So I wanted to include some things that you might think about if you do have an older child or even a teen, that you're wondering if they should get an evaluation or get therapy with a speech language pathologist. So these are some things you might look at in adolescents and teens. It could still be the articulation. If they're still having difficulty pronouncing certain speech sounds, sure get that checked out. It is harder to learn as an older kid to remake a sound that you've been making a different way your whole life, but is absolutely not impossible. So we can still make progress if their speech is hard for others to understand, and I say others because lots of times as moms and dads, we are very aware of what our child is saying because we've learned to sort of speak their language or understand even if they're producing sounds in error. But especially if you notice that it's hard for teachers to understand, or people that you're around in other environments, to understand what they're saying, if other people are saying to you, what, what was that? That's a great time to get an evaluation just to check that out.

[00:11:02.440] - Cara Mohundro

If you do notice stuttering, if they're having difficulty just clearly expressing their thoughts and their needs to you, if they're not answering your questions clearly or in a way that you would expect or, I notice this a lot, if they're not really differentiating between the types of questions. So if you ask a question about when something happened and they're telling you where it happened, that might be a concern. If they have difficulty sequencing things or that language organization piece being able to tell you what happened to them at school that day, sort of in a sequential order in a way that makes sense to you. It could be if they are having voice issues, so if their hoarse frequently, or you're noticing they're not able to elevate their voice to allow enough volume that you can clearly understand what they're saying. If they're not able to follow those social rules, those pragmatic rules that we talked about a little bit earlier, if they're having difficulty keeping eye contact with you in a conversation or having a poor ability to understand that body language. Or if when you are having a back and forth conversation, they just can't seem to stay on the same topic or ask and answer questions related to the same topic. And sometimes what I see there is a kiddo that can stay on a topic if they initiated the topic and it's an area of particular interest to them. But if it's a topic initiated by someone else, or even in the academic setting and educational topic that they need to be able to follow what's going on because it's something they're going to be tested on later, and that's a lot harder when it's not a preferred topic. And you may also notice just an inability to understand sarcasm or jokes or figurative language in those older kiddos.

[00:12:32.530] - Cara Mohundro

Okay, so this particular presentation was titled Speech and Language after Trauma. So I do want to be sure to talk about what does trauma have to do with speech and language delays or disorders that you may notice. So what we know is that children who have experienced trauma are at risk for lots of

different developmental delays and disorders. But the most likely of those, and the longest lasting of those, tends to be communication. And anyone who's experienced early stress, like lots of the kiddos that we see through the world of foster care and adoption, are more likely to have reduced volume in certain areas of the brain, which includes the hippocampus, which is central to memory. And we talked about that language memory piece, and also reduced volume in the orbital frontal cortex. And those things are central to understanding and expressing emotion into social regulation, which falls again into that pragmatic piece. My slides are a bit slow. My apologies. Okay, so when we think about early trauma, lots of times it is in those categories of abuse and neglect. And this particular article is referencing those as deprivation and threat. So it tells us both deprivation and threat do disrupt the stress response cycle, but they impact neurodevelopment differently. So if a child has experienced neglect, they've been deprived in some way, then that lack of environmental stimulation is going to lead to synaptic pruning, meaning you've heard fire together, wire together, probably. So if nothing is firing together, then we're not getting anything wiring together, especially in that association cortex. So there is going to be reduced cortical volume, and there's going to be deficits in those higher order skills, like language and like executive function. And the other form of abuse, exposure to threat during development, early development especially, is going to bias those cortical and subcortical structures toward detecting threat, which results in changes in the amygdala, the hippocampus, the ventral medial prefrontal cortex, excuse me, which gives less control over negative emotions, and you'll see more disruptive behavior. And lots of times those go hand in hand, in terms of disruptive behavior and lack of ability to communicate their wants and needs, the disruptive behavior will increase as well. This is just something I wanted to make you aware of, because I know it was mentioned that several of you may have kiddos who were adopted internationally, and sometimes there's a correlation there with kiddos who have experienced neglect. Kiddo may have been in a home that did not have enough caregivers to care well for the number of children that they were attempting to care for. And so in that case, you may have a lack of language development because of a lack of exposure to language consistently. And an unfortunate truth is that IDEA, which is the Individuals with Disabilities Education Act, is what governs the decisions that have to be made for a school based speech therapy placement. Within those guidelines, the SLPs in the schools do have to rule out environment or economic disadvantage as the causes for an identified language delay or impairment. So you may run into challenges there where, if indeed that the child in their early years did not have the adequate exposure to language, it may be ruled environmental disadvantage, and then you're just going to have to fight harder for the services that they need, unfortunately.

[00:15:59.770] - Cara Mohundro

Okay, so if you've heard all that and you're thinking, yes, my child needs a speech language evaluation, how do I get that setup? There's lots of different ways that can happen, in different settings that can happen in as many as I mentioned before, the SLPs work in. So if you have an itty bitty, zero to three, early intervention is always my first recommendation because that is a nationwide service that is provided in a lot of states, that is provided for free if the child qualifies. And like I said, that SLP would come to you in their natural environment. And so whether that's home or daycare, wherever they are the most during the day, they would be working into their regular routines, what needed to happen to do that speech and language intervention. So if that is the route you want to go, I just recommend Googling Early Intervention Services and then the name of your state to find out how to get enrolled there. I know most about the state of Tennessee because that's where I live and work. In Tennessee I know that you don't even have to have a physician referral to start the process for early intervention services. You can parent refer just by going on the Tennessee Early Intervention website. So that may or may not be true in your state, but sometimes that can save a step. Within the public school system, children who are three to 21 years of age are served. And so if your kiddo is in that preschool age, three, four, five, and they haven't started school yet, but you feel like they need services, you can still contact the school district that you are zoned for, and services can be provided within a preschool program at that school or as sort of an outpatient service. And that will also be free because teachers and SLPs in the schools are paid by our taxes. So I do recommend that as a good option as well. My recommendation is that you request that evaluation in writing because that is what starts the process. Once you have requested evaluation in writing for a school, then they have a certain period of time before that they do have to contact you and schedule that evaluation. Whereas if you just kind of mentioned it off hand to a teacher, that hasn't started the process of counting the days yet. So in writing can be a written letter, it can be an email, but I do highly recommend that you request that in

writing. And then the older ones, once they are in school, so that five to 21 range, like I said, request it in writing. You can also talk to the teacher, if you're kind of not sure if you think they would qualify for speech therapy through the schools or not. You can talk to the teacher and say, here's what I'm seeing. Is that something that you would refer for? Typically because in the schools, a teacher can make a referral or a caregiver can make a referral. If your kiddo is in private school, some private schools have contracted with a speech language pathologist to come in and provide services that might or might not be billed through insurance. So that's just something to ask about. But know that any school age kiddo, so any kiddo in that range of three to 21 years, whether they are in public school, in private school, in home school, can be served by the public school. So even if you have an older elementary, middle school, high schooler that you feel like needs services, and say they're home schooled or they're in a private school, as long as you can transport them to the speech therapy appointment at the public school, if they qualify based on the public school's guidelines, they can still be served there.

[00:19:19.170] - Cara Mohundro

And then you also have the option of taking them to an outpatient clinic. The outpatient clinics where I work, we do serve zero to 21, so the whole age range. It is different from that early intervention, zero to three, in that they do have to come to the outpatient clinic, so they come to us. And typically caregivers would be expected to stay in those sessions. There are some clinics that will allow you to drop off and leave and come back, but in my personal opinion, it is better if it's a clinic that has you come back into the session as well. Because typically your kiddo might get a session for say, an hour, once a week, and if you don't know what's going on in that session, you haven't observed it or learned from that SLP, hey, what are some ways I can improve carryover at home?, then you're not likely to get the progress that you will get if you come into the session, learn some of the skills that they're teaching, and then carry them over at home throughout the week. Because 1 hour a week alone is not going to make a huge difference if we don't have caregivers providing the support at home as well.

[00:20:16.990] - Cara Mohundro

If you're just not sure where to start in finding someone at a clinic, the ASHA website does have a 'Find a Professional' page. It's just [Asha.org/profind](http://asha.org/profind). And so you can just enter where you live, your zip code or your city and state and find professionals that are licensed through our national organization that way. And just another mom tip is that if you're not sure you have a list that like, my insurance covers these SLPs and I have no idea who's good and who's not good. If you're on social media or if you have access to a group of other parents that might have been through that before, it's always great to just post that question to say, hey, I'm needing to enroll my kid in speech therapy. Who do you love? And just get names that way.

[00:21:00.590] - Cara Mohundro

Okay, so onto what do we do if English is not the first language? There are lots of factors that have to be considered. So I wanted to kind of start out by showing you what we as speech language pathologists are expected to determine when we get a kiddo who comes in, who is bilingual or who has been exposed to another language before they were exposed to English.

[00:21:22.580] - Cara Mohundro

So what we have to determine is does this kiddo have a language difference or does this kiddo have a language disorder? If they have a language difference, what that just means is they can speak another language that's different from the language being used for instruction or by the majority of people. But language differences are not an indication of a language disorder. A language disorder is going to be an inability to understand and process language, whether that's expressive language or receptive language that is present across both the first language and what we would call L2, or the second language being learned. And so true communication disorders will be evident in all languages used by an individual. But it's going to take a skilled clinician to be able to account for just what is the normal process of language development? What is the normal process of language loss? If this is a case where one language was learned, but is no longer being used and the second language, now is the one that they're trying to learn, there's an expectation of some language loss of the first language. There the impact of the fluctuation of which language is going to be dominant as they're learning, and just what are the normal patterns of acquisition and use when they are learning a new language, and

knowing that, the dominance may fluctuate across their lifespan.

[00:22:32.630] - Cara Mohundro

So just a couple of differences, again, between difference and disorder. A language difference could be just that they are learning English and they pronounce it differently. So I talked about how we work on articulation and how to pronounce speech sounds. Well, not all languages have the same speech sounds. So if the child's first language, for example, didn't have the J sound and they can't say the J sound, I'm not going to pick them up for speech therapy to teach them the J sound because that's a difference, not a disorder. In a child who just has a difference in language, they don't have any difficulty communicating with people who speak their first language, they don't have an impairment in using the rules of grammar of that first language, but they may still have difficulty with academic expectations because they're being thrust into a classroom where most of the language being used is not their first language. Whereas a child with a disorder will have difficulty with both producing and understanding language in both languages, that difficulty with understanding the body language for both cultures, and difficulty even with communicating with others who do speak their first language. They might have difficulty putting together well formed sentences. And again, they are still going to have difficulty progressing with academics. But in this case, it's not just because of a difference. It's because they do have a true language disorder.

[00:23:49.970] - Cara Mohundro

So what should you be looking for in an SLP who is working with you and trying to determine, okay, multiple languages are involved, what's going on? They should ask you for the relevant background information. So if you've adopted internationally and you have files on that child that indicate that there was already a delay in language in the first language, provide that. They should allow you to share, hey, what are your concerns? What are the ways that you want this child to be helped? They should make you familiar with the goals that they would set for them, but also know what are the goals that you have for them and what are the goals of their other service providers if they're receiving other services besides speech therapy. And then the main thing is just you want someone who is looking at what is the primary language and what are the ways that the primary language may potentially influence the process of speech language development in English. So they're looking at those differences in phonology, in the speech sounds. They're looking at differences in grammatical structures. They're looking at dialectical differences, just all of the possible ways that the first language might impact the development of the second language. And you also want them to consider the type of bilingualism. So not everyone learns two languages in the same way. Sometimes you would have a child in a family that the parents are bilingual, so maybe they're learning both of those languages at the same time. Both of those languages were introduced prior to age three. You also might have a second language that's introduced after age three, after they've become somewhat proficient in the first language. And then at the same time, you have English language learners who have learned a first language, and then that learning stopped. They stopped being exposed to that first language, and now they're learning English because it's the majority language and they're trying to integrate socially and educationally. And that's where you might hear referred to as the LEP or limited English proficient or the ESL English as a second language students in a school based setting.

[00:25:45.030] - Cara Mohundro

Okay, so I wanted to just make you aware of what are some of the things that are normal to see in a kiddo who is in that category of they learned a first language, stopped, and then began learning English. What are some of the things we expect to see as just a normal, regular part of that second language acquisition? One of those things is interference or transfer. And so what that means is you may see them produce what is not proper grammar, a grammatical error in their learning of English, but it's because of the influence of their first language. So a very basic example of that is a kiddo who learns Spanish first learned in their grammatical system that you place a noun before an adjective in a sentence. So *Ungato Negro* is a black cat. But if you hear them as they're learning English, say a cat black, that doesn't mean that they don't understand the rules of English. It just means that there's some interference or some transfer from their first language as they're learning. It's also very normal to have a silent period. So as they're acquiring competence in English for the ones that we're talking about in their second language, they're going to be actively listening and they're going to understand before they can speak. So they may kind of stop talking altogether for a bit as a very normal part of

figuring out, hey, how do I speak this new language?

[00:27:04.790] - Cara Mohundro

You may notice code switching, which is using both languages within the same phrase or sentence, and you may see language loss in the first language as they are sort of making room to develop that second language, especially if there's not continued exposure to that first language as they're learning the second language. And it's very typical to notice differences in accent and dialect and phonetic patterns again, because like I said earlier, we don't even have the same speech sounds in every language. So just know that those processes may occur and they may feel like problems, because if all of a sudden your child is just not talking, that's a concern. But it could just be part of that normal language acquisition, and it's not necessarily indicative of speech language disorder, as you are attempting to convince an SLP that you think your child does need services, one of the things I would talk to them about is what is the goal and when they're assessing, what are they assessing language wise? Because there are basically two types of language proficiency when you're considering a school age kiddo, and one is just do they have the basic interpersonal skills within a language that they can talk back and forth with a conversation partner in just normal everyday conversation. That typically requires about two years under ideal conditions to just achieve that level of proficiency. However, if we're talking about cognitive, academic language proficiency, that's much higher level language skills because the context of academics just requires a lot more knowledge and a lot more vocabulary, a lot more language organization. And so those skills might require five to seven years under ideal conditions to develop. So knowing, hey, what are we evaluating? What are we really looking for here? There are a lot of barriers, unfortunately, to evaluating a kiddo who is an English as a second language learner or even a bilingual kiddo in general, even if it was a kiddo who learned a second language and English at the same time. And the main problem is that because we want to assess, are these language concerns present in both languages to determine, are we looking at a language difference or are we looking at a language disorder? We need to evaluate in the patient's primary language to establish whether or not a delay or disorder exists. Well, most of the time you're not going to be able to find a bilingual clinician. Sometimes there are Spanish, English is the most prominent, I think, but often their wait lists are long. And often if you're dealing with a language other than Spanish, finding a bilingual clinician is just going to be difficult. And then if you're going to a clinician that only speaks English, they probably have limited knowledge of how that second language, or rather the first language learned, would impact the development of the second language of English. So they need time to do their research to figure out, hey, what am I looking at here? To determine is it a difference or is it a disorder? We love to use interpreters when they are available, but we have limited access to those. And sometimes the access, for example, in the children's hospital where I work, we do have access to almost every language interpreter through a telephone system. But evaluating a kiddo with a phone set up on the table to interpret the test to them is just not an ideal situation either. And then even when you do have an interpreter, just straight translate a test for you, that test isn't going to be giving us standardized information if we've changed the language of the test, because of things like I talked about earlier, like the grammatical differences in structure between one language to another. So we have very limited availability of tests that are standardized in more than one language to use. And we can't use those standard scores. So if we're trying to tell insurance, hey, they scored below this number, they qualify for speech therapy, we can't get those numbers from a test that we have had translated that wasn't translated by the producer of the test. And so what we end up going with is usually using, instead of a standardized assessment, some sort of speech and language sample or dynamic assessments. And those are a great way for SLPs to assess, but they do require just lots more time.

[00:31:03.750] - Cara Mohundro

Shifting gears again, I wanted to talk just a little bit about things you can do to encourage speech and language development in the home. And the first one, again, it seems so obvious, but it's not necessarily all of our patterns, especially if we're just kind of quiet people in general or if we're people who like we've gone to work for the day we've done our talking and now we've gotten home and like, I just don't want to keep talking, talking to my kids because all I've done is talk all day. But it is the best way to develop speech and language is for kids to hear you model it. So talk, talk all day long, especially when they're little bitty narrating their day. So as you're changing their diaper, talking to them about it, this cream might be a little bit cold. I'm going to open your diaper. I'm going to close

your diaper. Just using vocabulary words that fit with the activity that you're doing, trying to ask them more open ended versus yes, no questions to get more language. And when they bring something, especially when we as parents are distracted or it's a topic that the kid is super excited about, but like, I don't really want to hear about minecraft right now. If we want to encourage that speech and language development, we kind of have to let our feelings go for a minute and to ask them to tell us more. Tell me more about that. I would love to hear about that. Reading together is still one of the best things you can do to encourage language development. But as you're reading together, rather than just reading the words, thinking about, how can I add more language activities into this? So asking those w-h questions about who was the main character in the story, where did they go? What was the problem? And then seeing, can they retell the story in sequence? And then I don't love screen time, but as a mom, I know there's going to be some screen time in most families because sometimes we just do what we have to do. So in those situations, think about how can I use the TV that they're watching or the movies that they're watching to still encourage some language enrichment activities? So whether that's pausing and talking about how's the character feeling in this very moment, or pausing and saying, hey, what do you think is going to happen next? Those things are great for language development.

[00:33:00.210] - Cara Mohundro

Okay. Craft projects are another great way because they involve a lot of following directions and they involve a lot of themed vocabulary that they might not be getting other places. I love board games. I've played more Candy Land in my life than probably anybody. I should get an award. Board games are so great for just that turn-taking practice. Because the more we can practice turn-taking, whether it's just with rolling a car back and forth or a ball back and forth, or whether it's turn taking in a game, all of that is preparing our kiddos for the turn-taking aspect of conversation.

[00:33:29.160] - Cara Mohundro

I love to use role playing, and that's something that you can do at home as well. So whether it's something that they actually need to practice to be able to do, or if you're just preparing them for future life skills, that can be role playing. Making a phone call to someone, or role playing ordering your food in a restaurant, using the language that goes along with those activities. And then of course, just finding ways that you can incorporate language into what you're already doing. So if you're making a shopping list, pass that over to your kiddo and ask them to sound out the words. And we're working on Letter Sound association. If you're cooking, see if you can pass the recipe to them and can they read and follow those directions to sequentially create the meal that we're working on. And then giving them opportunities to kind of be the boss and use their language to direct you. So saying, oh, we're going to build a tower out of Legos, okay, tell me how should I build the tower? Or if it's time to fix their hair in the morning, tell me what style you want your hair and what do you want me to do first? What color do you want me to add in your ponytails? Things like that.

[00:34:24.270] - Cara Mohundro

Okay. And finally, there was a question asked about what do I do at home because I want to be connected with my child, but I feel like with their speech, it does need correction. So how do I achieve that, staying connected while I'm correcting their speech or language? For one thing, I think direct correction isn't always what's needed. Sometimes we can just model it back the correct way without commenting on it any further. So if my kiddo came home and told me I rided with Daddy to school today, I just say, yeah, you rode with Daddy. I love that. And the same thing with their sounds. If they say that rabbit over there was hopping, oh, yeah, I saw that rabbit. I sure did. Also, just making it a game. So if you're working on maybe your SLP has sent home some articulation practice pictures, well, make an extra copy of all of them and play a matching game. Or if you're working on vocabulary expansion, let's just have a competition and see how many words can you think of that mean the same thing as this word? I'm going to see if I can think of more than you. And if you do truly just need to set aside time to correct, and I think that is sometimes necessary, then just making your kiddo aware in advance. Saying, hey, bud, I'm going to be listening for your new sound. I know you used to say it the old way, and sometimes we go back to saying it the old way because that's easy to go back to the old way. But for the next 30 minutes, I'm going to be listening for your new sound, and I'll let you know if I hear you say it's the old way, and then we'll try it again the new way. But then you don't have to feel like all day long all you're doing is correcting. You just have set this time, and it might even be

during another activity. So, like, as you're talking to me as we ride to school, I'm going to listen for your sound. Or as we're eating lunch together, I'm going to listen for your sound. So you just have a set chunk of time.

[00:36:00.660] - Cara Mohundro

And then just one more thing to consider when you're thinking about speech therapy in general is what is our ultimate goal with our kiddos? Our ultimate goal with our kiddos, of course, is to achieve connection with them. And so this seems sort of silly, probably for an SLP to say, but I don't always think speech therapy ongoing is the answer. Sometimes I think it's great to take a break from speech therapy or to just get to where their communication is good enough, but maybe their Rs still aren't perfect and maybe they're not going to be. And that's okay, because we would rather be connected than forever have to be toting them to therapy or forever have to be correcting their speech. So just recognizing that SLPs are also on board with you opting to take the summer off from therapy or kind of phase in and out as you feel like you need it at different stages of life. Don't feel like therapy, especially for kiddos who may not catch up all the way to their peers, that therapy forever is the only option. Okay, so question time, and I will just splash this last slide if anybody wants to jot down contact information for me.

[00:37:07.410] - Melissa Corkum

All right, thank you so much, Cara. There was so much good there. For those of you who are listening to the replay on the podcast, you can reach out to Cara at the Memphis Family Connection Center, which is [Memphisfamilycc.org](http://Memphisfamilycc.org). We will also have a link to that in the show notes of this episode.

[00:37:33.850] - Melissa Corkum

We are so thankful for the amazing guests who share their wisdom and expertise in The Village. Adoptive parenting gives us both the challenge and the opportunity to keep learning new tools and perspectives.

[00:37:45.970] - Lisa Qualls

Each workshop in The Village is followed by a live Q&A with our guests. If you're not already a member of The Village, we invite you to join us for regular gatherings and workshops where you will find the tools you need for exactly where you are.

[00:37:59.710] - Melissa Corkum

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[00:38:25.570] - Lisa Qualls

Thanks so much for listening. We love, love having you and remember you're a good parent doing good work.

[00:38:33.850] - Melissa Corkum

The music for the podcast is called New Day and was created by Lee Roosevere.