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Treatment Methods for Childhood Apraxia of Speech

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Childhood Apraxia of Speech (CAS) is a speech disorder characterized by difficulty with motor coordination of speech. There are many different treatment methods for Childhood Apraxia of Speech (CAS), and it may be difficult to know which one to choose. Let's explore some of the evidence-based treatment methods for CAS.

Many of the treatment methods for CAS involve motor planning principles. By using motor planning principles, SLPs can help their students learn how to plan and execute speech movements. Below are some treatment options that incorporate motor planning principles.



Dynamic Temporal and Tactile Cueing (DTTC)



Dynamic Temporal and Tactile Cueing is a motor-based treatment method developed by Dr. Edythe Strand to treat CAS. This method is suitable

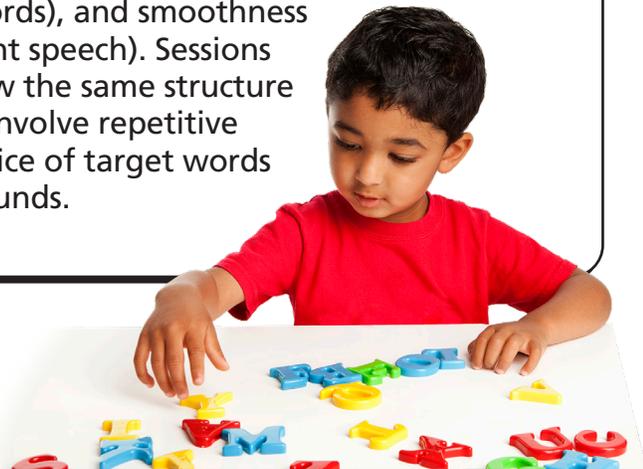
for children with moderate-severe CAS. DTTC incorporates many principles of motor learning to help the brain map movements for speech. Overall, the treatment is focused on the movement within words, not individual sounds. In DTTC, clinicians choose functional individualized word targets for each child. They choose these words by determining the speech movement patterns the child has difficulty with. Sessions involve the repetitive practice of individualized target words to maximize motor learning.

Rapid Syllable Transitions (ReST)



Rapid Syllable Transitions is an evidence-based treatment method developed by Dr. Patricia McCabe. To begin, clinicians use non-words to

teach the motor movements in real words. An ideal candidate for ReST has mild-moderate CAS and is over the age of five. Treatment involves focusing on the concepts of sounds (individual phonemes), beats (stress in words), and smoothness (fluent speech). Sessions follow the same structure and involve repetitive practice of target words or sounds.





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Nuffield Dyspraxia Program, Third Edition (NDP3)



The Nuffield Dyspraxia Program uses a “bottom up” approach, meaning treatment starts with mastering single speech sounds/ simple syllables and progresses towards mastering connected speech. NDP3 was designed for children ages 3-7, though it can be adapted for younger or older children. Treatment begins by establishing the child’s strengths (sound/word inventory) and building a treatment plan from there. This treatment method targets establishing a set of motor programs at each level through repetitive practice.



Clinicians may also choose to treat CAS using a linguistic-based approach. Linguistic-based approaches teach phonological components and focus on learning speech sounds in the context of language. Let’s learn more about one of these specific evidence-based linguistic-based approaches.

Integrated Phonological Awareness Training (IPA)



Developed by Gail Gillon and Brigid McNeill at the University of Canterbury, Integrated Phonological Awareness Training focuses on teaching speech production, phonological awareness, and letter-sound knowledge. IPA was not originally developed to treat CAS; however, research has shown IPA to be effective in children ages 4-7 with CAS. The framework for this treatment method is based on Gillon’s framework for phonological awareness intervention (Assessment, Planning, Implementation, Evaluation, Monitoring).

For more information on other treatment methods for Childhood Apraxia of Speech, please visit childapraxiatreatment.org or the “Apraxia of Speech (Childhood)” topic in ASHA’s Practice Portal.

Related Handy Handouts®:

[160 – Understanding Childhood Apraxia](#)

Resources:

“Treatment Methods.” Child Apraxia Treatment. Accessed August 29, 2023. <https://childapraxiatreatment.org/treatment-methods/>
American Speech-Language-Hearing Association (n.d.) Childhood Apraxia of Speech. (Practice Portal). Accessed August 30, 2023. <https://www.asha.org/practice-portal/clinical-topics/childhood-apraxia-of-speech/>

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