Episode #168:

Speech Pathologist Sherri Cawn Talks About Communication Disorders in Children

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Debbie: Hey Sherri, welcome to the podcast.

Sherri: Thank you Debbie. I've been looking forward to meeting with you.

Debbie: I'm looking forward to this conversation. You're the first speech language pathologist that we've had on the show. I think there's a lot that we can cover today and I'm just looking forward to sharing your expertise. So to get started, I always love to just ask guests to introduce themselves. So if you could tell us a little bit about you and what you do in the world, that would be great.

Sherri: Of course. Well, you just heard Debbie introduce me as Sherri Cawn. I'm a practicing speech language pathologist. I am going to say this quietly, but this month I start my 50th year as a speech pathologist and people always ask me, is there a reason you haven't retired? And I think the reason would be is that I still love the work and there's new innovations and strategies and clinical thinking that still makes my socks go up and down. And I'm on a mission to train as many clinicians and families to think in a more developmentally minded way. As more children become evaluated and we learn more about different learning styles as experts in communication, we need to be up to date and flexible in our thinking of how to help support young children, young, young children as well as school age children, adolescents and onto adulthood.

So, I have two clinics. I live in the Chicagoland area, I have one in the suburbs of Northbrook, Illinois and I have a, a multidisciplinary clinic where we work with children looking through different developmental lenses. And I also have an office in the city of Chicago in the Lincoln Park area. I've been lucky enough to work in public schools, work in the private sector, work in a clinical setting and have studied and been mentored by some of the best in the business. Whether it be psychologists, occupational therapists, educators, parents of course, always are my, are my best tools for learning. And so I'm lucky enough to have been doing this all this time and that's why I hope I can be of help.

Debbie: Wow. 50 years, first of all, just, congratulations. That's incredible. I'm sorry, you whispered it, but I, that's a huge accomplishment and it's incredible. So I actually would love to hear, you know, just a bird's eye view of how things must have changed over the course of those 50 years. But before we do that, could you even just define speech language pathology as a discipline or tell us what a speech language pathologist does?

Sherri: Well, I think the way to define it is to say that we sort of have a misnomer, right? Because the minute you think of it, uh, someone as a speech therapist, because actually when I graduated we were called speech correctionist and it's interesting that we were correcting speech, but, so you get a degree in speech and language pathology, which in effect gives, so most people, most states in the United States, you have to have a license to do this. And with that license you have a, your state has said you are qualified to work with and evaluate children

who have a communication disorder. And what that means is that there are several areas of communication disorders that we think about and that most clinicians are trained in. One is when you think of speech therapy, you think of how intelligible or how clear a child's speech might be.

You remember, um, kids who might have a frontal lisp and might say 'thoup' for soup. Or you might know kids that say 'wabbit' for rabbit. Um, or you might know children that are more difficult to understand and that's their, your first, most parents are interested in, oh, the way he talks doesn't make sense. When in fact the most powerful parts of being a speech pathologist center around our understanding of how a child comprehends information coming into them and how they express it. And there's several factors around that. So if you think of communication disorders as a big umbrella, under that umbrella we would be looking at receptive language, which is the ability to understand. And actually that happens right at birth, and that follows, if you, if you've heard, um, children that might have an auditory processing disorder. So when you hear that word auditory processing, we're really talking about receptive language.

It's just really the discipline that's talking about it. So if you're talking to a psychologist or you're talking to someone who specializes in learning disabilities or even an occupational therapist, they might use the word auditory processing, but it all backs up to what speech pathologists do is that we're looking at comprehension of auditory verbal information. And there's a whole paradigm and there's a whole developmental process for that, but you can see how there's an overlap between what, teaching reading, being able to stay in a noisy room or be able to listen to what someone is saying while there's noise in the background. All of that has to do with how you're comprehending speech, but sound at the same time. And I think there are a lot of people that like to stay in their discipline, and I wish it was that way. When I graduated, it was that way.

Speech people did speech, people with, specialists in learning disabilities just worked with those kind of kids, reading people did reading, but that just isn't the way we know how development unfolds. It's a, it's a developmental process where all sorts of different learning happens in many different ways at the same time and they all affect each other. Now, expressive language has lots of parts to it. It's the articulation that I talked about, but even more importantly, it's how you put words together to make sounds, then sentences. And even more importantly is what we call the pragmatics of language, or how we decide what to say to someone in response to something they've asked us. And that's probably the most difficult challenge that speech pathologists or families might notice first when they're thinking about children with communication disorders. So that's more of the social use of language.

How do you, how do you know how far away to stand from someone? Some kids like to get really close up, right? You know, or touching or what, so forth. That would be something we would look at from a social pragmatic standpoint. How does the child understand the social use of language? And that's where the young, young child, before 18 months, practices that with their caretaker or their parent in the first, I would say 18 months. That's why the right brain grows much larger in the first year and a half than the left brain. It corresponds with the left

brain taking over for speech, which happens between about 15 and 18 months where kids start using first words. But the pragmatic aspect of language is probably the one question parents ask the most. Why can't my child talk with another child? Why does it look like he doesn't understand what that child is saying?

How can he not understand nonverbal cues or gestures? I mean, for example, you and I are talking with each other on the phone and when I stop talking you intuitively know to either make a comment or ask me another question. Right?

Debbie: Right.

Sherri: It's your, it's your social communication that's telling you that. And you weren't taught to do that, you were wired to do that. We come into the world wired to be social and we have all sorts of ways of doing it in the first year that set the foundation for how it's going to look when you're one and a half, you're two and you're three and you're four. Because in the numbers game, by the time you're four years old, you have about 95% of what you need to communicate. Now I'm not talking about higher level figurative language, you know, being able to write an expository text.

What I am talking about is understanding the use of meaningful words, of understanding when your partner doesn't have enough information, of being able to explain or say why you don't like something. And that happens by four. Amazing, right? It's an amazing amount of information a child learns by the time they're four. That's why we know so much. The research is heavy and so well studied in terms of how young children learn to communicate. It's, that's probably the most exciting information that's, that's been going on and is on the horizon of what we know about communication. Does that, is that helpful?

Debbie: Yeah, absolutely. And it's making me realize just what a broad field speech language pathology is. I think many of our listeners and myself included, you know, I thought it was much more narrow in terms of the work that you did and, and as far as I know, and maybe one of the therapists that Asher worked with when he was in a public school with his IEP may have been an SLP, but he has primarily worked with OTs. And it sounds like the work that you do, especially around those social cues, this would be relevant for all kinds of kids. Kids, you know, on the spectrum, kids with ADHD, kids with sensory issues, just a really wide variety of children.

Sherri: Right. Which is why you never really look at a diagnosis. You have to look at where the child is developmentally. And what I mean by developmentally is, what does his individual profile look like? How is that child? And, and, and mind you, you can't do that in a 30 minute screen on a child, nor do a lot of the tests for communication disorders tell a child's whole story. So you have to go deeper and the person that you're going to go deeper with is the parent because there's no one more important to that child than the parent. And there's no one more important to the parent than that child. And so part of any evaluation, or part of any understanding of communication, is who is that child and you know, who are

the parents and what's been their experience with communication? And have they themselves ever had speech language therapy or saw a speech pathologist?

And a really good developmental occupational therapist, by the way, Debbie, really understands the importance of nonverbal communication. Because when you hear speech, for example, it's the most salient piece of developmental information that a parent can grab onto. You know, it's the one thing that would put you at ease if your pediatrician said, well how many words does he have? And if it was, the parents said, well he hasn't really started speaking yet, but I was a late talker, my husband was a late talker. And so a parent would be very open to having a speech pathologist meet with the child. But in that case they might be looking to say is well, he's not using words, when in fact, from a developmental point of view, the developmental lens that we now look at is we're much more interested in the nonverbal piece, the social gaze, the referencing, the use of gestures, the use of emotional tone.

Those are the foundations for communication that need to be in place for social pragmatics to be able to unfold in a warm, interactive environment, if that makes sense. That sets the foundation. Words, that's the easiest, for us. But it's the clinicians that are not looking at these foundational pieces and getting those in order in the beginning with, you know, really toddlers and so forth, that we go back and we have children with more fragmented language, more perceptive language or children that there is a word that we use, sorry to use jargon called contingent responses. You might see that word on an IEP. And on the IEP it made, can the child make an appropriate response to someone that made what we call a communication bid. So let's say the speech therapist said, Hey John, you want to play with Max now? And John didn't answer, he might've walked away.

You would ask yourself as a clinician, well did he not understand? Did he have anxiety over what the teacher asked him to do? Or maybe he just didn't want to do that, right? So as a clinician, you're always asking yourself questions. Or, or rather I would say a developmentally minded SLP, which is what we call ourselves, speech language pathologist. An SLP would say, what made the child go away? How do we woo him back and how do we keep him there? So those are the three questions I tell the clinicians in my office. And I say to parents all the time, it's not that we did anything wrong, but we might've missed a cue. So for me as the speech pathologist, my job is to help a parent see, oops, something went wrong there. How can we repair that? Because it's in the repair that we get the communication to be attempted again.

Debbie: So what kind of things, for parents who are listening and are thinking or, or questioning, maybe I should bring my child to a speech language pathologist for an evaluation. You know, what, beyond those, a child who's maybe not using language, verbal language, in the way we would expect by a certain age, what are some of the other signs that they would be looking for?

Sherri: Well, I will say this to you. If a parent is first approached about a speech and language challenge and he's already entered school, let's use that as our, as our benchmark. So, you know, there's a lot of times that children go right through daycare or preschool and, and nothing's noted in their, in their communication.

They seem to be very social. They, um, you know, in the preschool they are, you know, a well-liked child who have good social, good social skills. Um, and so those kinds of kids may not stand out in a preschool. But when you get to kindergarten, and we all know that kindergarten is very different certainly than when I went. But I bet it's also different than when you went, Debbie, in terms of that because it used to be more preschool base with lots of time for social communication and play. And play is really, really important.

And then children would get the opportunity to practice all of these social communication skills. But now all day kindergarten is serious business. Uh, so people are working on phonemic awareness or this ability to hear differences between sounds. And that's setting them up for phonics down the road. Um, even some sight words or this, this interest in journaling. Every kindergarten is journaling, and this idea of having ideas to put into a story, and coming to the rug, following directions, being able to know that when the teacher says, okay kids, we got to come to the rug, that the child can say, I have to stop what I'm doing and be able to move myself over to follow directions. So this is where it gets a little grayer. So I want to say that, you know, how do you differentiate between what's attention, you know, for a child coming to the rug to hear the story of the day.

Um, and then getting the directions of what's at the different learning centers as opposed to did they not hear it because they weren't listening or do they not hear it because they didn't understand it. So if a teacher notices that in the classroom, she might have her speech pathologist in the school come and say, can you, you know, can you come in and listen to this little guy or observe. We'll also be looking to see, you know, what's the child's interest in literacy? Can they retell a story? By five and six you should be able to retell a familiar story or even on a, for example, a wordless picture book that five-year-olds love and I personally love children to get lots of practice with that is to be able to anticipate what's going to happen next. And this is why everybody stresses in preschool. The best therapy you can give your child is reading to them.

I mean you can't, you can't have a better gift than that. So that's the first time we see that there, if the child isn't understanding all the directions in the classroom, can't retell a story, can't answer 'why' questions or 'how' questions or 'when' questions. So one is how is, how do you sequence, if I said to a five-year-old, well how do you brush your teeth? A typical five year old could say we put toothpaste on the toothbrush and then you go up and down and up and down and spit. That's what they would say. It wouldn't necessarily have to be in complete sentences, but you would have an idea that they would know, you know, they would understand what to do. Um, so that would be it. 'When' indicates a temporal idea of time and space. So you would understand words of position like up and down and around and behind and over and under and next to and beside.

And you would know that beside and next to mean the same thing. And you could follow directions with two or three of those directions inside of there. And think about a regular kindergarten classroom. There's a lot happening in there. So let's say for example that you are a kid that can be overstimulated visually by a wonderful room that kindergarten teachers set up. If you are overstimulated, you

might not be paying attention, which could lead to poor processing of auditory-verbal information and that you might look like you don't understand, but the room itself might interfere. Right? And so it would require an SLP to maybe observe in the classroom besides using some standardized testing. In the world of communication disorders, we have some excellent standardized tests. We do. You know, without a doubt. But does that always tell the whole story? I would suggest that it doesn't because the problem with doing any formal testing is that the clinician has to work within the confines of what the test says is an acceptable response.

So, for example, if we're testing a child's expressive vocabulary, there's a number of tests on the market that are well standardized, have good reliability studies, and give reliable information. And for insurance purposes and to make a child eligible in a, in a public school program, we would need that kind of formal data. But I'm going to suggest that I think the information is what was the child like taking a test? Where did you notice he had more difficulty? You know, when there was a picture with the question or when you didn't have a picture and you just asked him questions, was it easier for him to understand repeating a sentence of nonsense words as opposed to repeating a sentence with more meaningful words? Were numbers easier than words, if we're looking at auditory memory. We're mostly interested in seeing how well can the child converse with us?

Or is he always asking, am I almost done? Can I go back to my classroom? Which would also say to us, is the child anxious and are we seeing a true picture? So in clinic we always see the child, well first we get insurance approval of course, but we always want to see the child in his most natural environment and we always want to have a chance to play with them before we actually do formal testing. Now that can, as you can tell, that could probably work two ways because we're pretty fun when we play. And why would you want to go sit at a table and do work if someone's playing? But we often get to see them at the, the children at the top of their range when we start with symbolic thinking and symbolic play. And that gives us a window to why they might, we might not be seeing their true communication abilities as well.

So you have to look at the informal and the formal and then you have to look at family history, child's birth history, and see what happened during his, uh, the child's preschool years. Now the, the higher we go up in age, the more you become an expert at the body and the learning style you have. And so for some children, we don't even find out if there's difficulty with what we call word retrieval. And we often see it when the children's vocabulary or the decoding of words is not moving forward. Sometimes the end of second grade, because the difference between second grade and third grade from a communicative perspective, is a very important jump in abilities. So oftentimes the parents will say, you know, the teacher's concerned about his vocabulary or he seems to have difficulty coming up with the correct word. So he might look at a telescope and say, binoculars. Close, but not exactly.

Or he might say, he might look at an apple and say fruit, which would be right, but on a standardized test it would have to be apple for it to count. But if a child

makes a number of errors in that way, we would say to ourselves, hmm, I wonder if this child has some word retrieval problems. And we all have difficulty calling words up. And you know, if you're in a situation and you didn't write down your grocery list and you say, oh, I'll just go in the store and I'll remember, and sometimes that works. But sometimes you might be at the deli counter and you know you need something and you can't remember it, even if you go through all the letters of the alphabet or you go through all the shelves in your refrigerator and you can't get it and then you'll walk away.

Of course you'll remember it or you'll go home and you'll, you'll remember it. But these are, these are little strategies that you and I have learned as adults. But for some of our kids, they can't get there. And so we have a series of evaluations that will really help a child get there. And actually speech therapy for a child that's been diagnosed with word retrieval problems is some of the most successful, those interventions have some of the most successful outcomes. But it affects reading and it affects writing down the road. We usually can pick it up. If we see the child as a preschooler, we usually can anticipate where there might be challenges at, in first and second, in first and second grade. But you can see there's sort of like a domino effect here, right?

Debbie: Yeah, absolutely. And I'm, as you're talking, you know, I'm just feeling like there have to be a lot of kids who just slip through the cracks because it just seems like they're not listening and they're not paying attention. They're daydreaming, they're purposely choosing to not follow instructions. I'm kind of curious, going back to that question I wanted to ask earlier about you being in this field for so long. How have you seen things change? Are we moving in the right direction? Are schools and educators more aware of these issues and considering deeper reasoning behind a child's behavior in the classroom?

Sherri: Well, it depends where you live and it depends on the school district's, you know, educational mission. But I would say in the early, early 1970, there weren't even words like learning disability or attention deficit disorder. There were words like minimal brain damage, MBD, and that was scary, right? But I grew up in the Vietnam era. So all of these guys were coming back with all these issues and they were using, you know, it was probably post traumatic stress, you know, at the time. But all of the carcinogens and stuff that were in the, in the air I think had an effect on that. So, have things changed? Dramatically. But a lot of clinicians haven't. And so there are more clinicians that hold on to a more traditional sense, particularly if you're in the public schools because everything has to be documented. Not that we don't document, but we're allowed to follow a developmental profile.

So by that I mean is that in an IEP, there's huge books of IEPs that say if a child has a word retrieval disorder, I'm just using this as an example, or they have an articulation disorder, we will write the IEP. For those people listening, you know how that works, it works off of percentages and each quarter you just change something by one tiny little dimension to see if the child's made progress. So that always, I'm an advocate, I do a lot of work in the schools where I represent our clients that go there. And I think speech pathologists in the schools have a very hard job because they have to be a general, they have to know a little bit about

everything. And that's not always easy to do that. And so their IEP goals may not really reflect the child's developmental profile.

And I, what I mean is their motor profile, their sensory profile, their communication profile, their social emotional profile, that seems to be very departmentalized. When in fact, research is talking to us about how we have to look at things through these developmental lenses because each area of development is dependent on the other. So I would say that's maybe changed in the last 20 years but in baby steps. So I still think we have a ways to go in that way. But I think parents can be really good advocates when they really understand what's going on. You know, what is exactly interrupting a child's, I'm going to use communication cause that's my area of expertise, what's interfering with their communication challenge because yes, you could have ADHD and a communication disorder. In fact, there's sort of a classic profile with that. And so oftentimes we see kids come in for speech and we already see their, their need to move quite a bit.

And so they miss some of the, the details in sending a communicative message. And so I think the more, as clinicians, we can be informing parents, the better advocates parents are. And not in a way that sounds angry or anything. I just think that it's my job in my job to inform my clinicians to help work with the SLP and the Special Ed team at the school to say, how can we look at this goal and measure it so we're really getting accurate data? You know, so if we have a child that is more self directed and they're working on peer relationships and the child doesn't respond to a communicative bid from another child, and you're, you're saying with an adult prompt he, with four adult prompts, he will do it 85% of the time. What are we taking data on? The prompt that you're giving him or anything spontaneous, you know, why does it only have to be in percentages?

Can't we look at something for a five minute period or set up something that's in the child's interests and then take the data. So my goal as an advocate is to go in and say, we're both going for the same communicative goal. We're just taking data in a different way. The other thing that gets in our way is RTI. Of course, I just forgot what the, I just can't tell you what that acronym now is because this is what happens after 50 years. I can, you know, it's a tiered program that looks at kids' severity, for example, in communication disorders, and decides, you know, I'll look at them once a month or I'll see them in, I'll push into the classroom and maybe work on the 's' sound and the 'r' sound, but I'm not going to enroll him as a special needs kid and give him an IEP. So I think that often happens with, I can't believe I can't remember RTI. To intervention, well the 't' and the 'i' is to intervention.

Debbie: Response, I just looked it up, response to intervention.

Sherri: Thank you. You see there was a word finding problem. I was going through the alphabet. I knew I would get there eventually. But, but what I'm saying Debbie is that if you have a kid in RTI and he's still at the lowest level, he could, it could be a year since maybe he gets a full evaluation or they notice word retrieval, right? And they're working on articulation. So there's, that's always where for me the rubber hits the road and we have to up that. We have to sort of, in a collaborative

way, help the school move to opening up a case study for that child. Because communication disorders often reveal other areas of difficulty. Could be reading, could be writing, could be just the ability to be socially present and mindful. And of course, you know, I could talk about this forever because that's another thing I want to do is say to SLPs, we can work together. Just cause I'm in the private sector doesn't mean that I want to write your IEP, I don't. Because it doesn't matter if I write your IEP, you're the person that has to deliver those strategies. But together we could make a beautiful team.

Debbie: How can parents be the best advocates they can be? What should they be paying attention to in the school system?

Sherri: So I would say, and again I'm, I would say this for a reading specialist, I would say this for a, the social worker, I always laugh now, particularly in Illinois where I'm from is that sometimes the social workers and the speech pathologists work together on social groups for kids with social communicative disorders. But a lot of times it's out of the speech pathologist's hands and that's like, that's crazy, right? I mean this is what, this is what we do, this is our baby. We should be advocating and oftentimes it's the social worker, who is following a curriculum. And so she picks up the kindergarten curriculum and she has the kindergartener in it, but what if that's not where he's at? How do you go back down and you know, where is that in the goal that he's not there yet, this is what we're going to work on. That would be one thing is I, as the parent, I would ask them to, number one, to get a better understanding of tell me what therapy is going to look like. When, when I first talk with a parent, and I'm sure this happens for you Debbie too, when you you're, I mean we're not even looking at each other and yet we're able to communicate even though you're letting me do all the talking.

If I was meeting a parent for the first time, for me the first phone call is where the relationship begins. And talking with the parent you, as an intuitive clinician, and yes, I have a lot of experience for sure. And I've worked on this, of course, that I want to know about as much about that child and that parent as I can so I get a better understanding of the parent's worries as well as what joy that the parent is able to find. You know, what do they like to do the best with their children, so I am ready with those kinds of things when that child comes into clinic. But the most important thing is, is that my job is to be a clearing house for the parent. So I'll send them articles. If they, if the teacher says I'm going to have my speech pathologist take a look, I would want to talk with that speech pathologist first.

I want a relationship with that person. I want to know what's your experience in working with kindergartners and, and do you do formal tests? Do you go to observe? Do you get to know my child before you test him? Because when you come to that meeting, it will be you, another special ed coordinator. You'll be sitting at the table together and there'll be, there'll be giving you test scores. You know, my, my feeling is, and this is on a personal note as a parent, is that we cannot tell parents six things their children can't do. We can tell them three but you can't tell them six because there's some research that says that parents really can only listen for 10 minutes. And I as a parent, well, my children are adults with children of their own now, but I remember being in that room and

hearing only screaming in my ear that you have to stop talking now. And no, you cannot say another thing.

This is my baby you're talking about. And so I am very sensitive to how much a parent can hear and particularly when this is the first time they're finding out their child might have a communication disorder and what that means down the road for them educationally and so forth. So I think, I think that that's really important information. And, and I always like to tell a parent when you go into the meeting, you want to see a draft of the report before you go in because there might be things in there that aren't right. Particularly if you're the parent and you were sitting in on the evaluation.

Debbie: That's, that's very good advice. And it's something, yeah, we've talked about on previous episodes, so thank you for, for repeating that. It's, it's a tough position to be in and it's tricky in terms of really trying to design positive alliances with educators in the school system and that's something I really want to be a part of. And, and it's difficult. It's difficult.

Sherri: And it depends. I think, you know, when a teacher digs in it, it doesn't get pretty on the, on the way. But I think developing relationships and, which I've been lucky enough to have for decades with people that I can call them and say, that meeting didn't feel good. We've got to talk about how to do better next time. Because this is what the parents said to me, I want to share with you how they felt. And so that coordinator will go and repair it with the parent. So I feel like we're moving in the right direction but in baby steps.

Debbie: Well before we say goodbye, I would love if you have any favorite resources that parents should be aware of. If this is something that you know is really resonating with them and they want to learn more, dig more maybe into some research, do you have any go-to resources for us?

Sherri: Well I would say if you're interested in learning more about communication disorders, the American Speech and Hearing Association has a wonderful website for parents and talks a lot about evaluations and so forth and I, they've redone their website and I think it's very parent friendly. I would also tell them to go to their school district and look at their common cores and and what their philosophy is and their mission statement, so forth. I think that rings true and gives you a really good idea of how things will look if you're transferring to a different school district or a different state to see how your IEP will work.

Debbie: Great. Well and is there a place that listeners can connect with you or learn more about your work as well?

Sherri: Of course. So you can reach me at www dot cawn, c-a-w-n, that's me, dash Krantz dot com. That's our website that's currently a bit under construction. Um, or you can always reach me at Sherrislp@comcast.net. I'm great at email.

Debbie: Excellent.

Sherri: Hard, harder than phone calls.

Debbie: All right, well that's good to know. And listeners, I'll include links on the show notes pages if you do want to get in touch with Sherri or, or learn more about her work. But this has been just fascinating. I learned so much. So thank you so much for sharing all of this with our audience and yeah, for coming by the podcast.

Sherri: Yeah, it was an honor for me as well. So I really, I'm in your audience, Debbie. I think you're doing an amazing job, so thank you for letting me have the opportunity. I, I look forward to hearing if your listeners have any questions.

RESOURCES MENTIONED:

- Cawn/Krantz & Associates Developmental Therapy (Sherri's website)
- Profectum
- RTI Action Network
- American Speech-Language Hearing Association
- Email: sherrislp@comcast.net