Welcome to the middle of the year! Hard to believe that we are a few weeks off Term 2 ending. It has been a busy first half of the year, and it is at this time that many parents may wonder whether their child is ready for school next year. It’s important for families to keep the communication lines open with any childcare/ preschool staff regarding this, and of course your Speech Pathologist!

School Readiness

for 2014

Terms 3 & 4
8 weeks per term
45 minute sessions

♦ Pre-Literacy Skills
♦ Group Listening and Attention Skills
♦ Social Skills (peer interaction & negotiation)

Starting soon... so register now!

9553 1400

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Welcome

Welcome to the middle of the year! Hard to believe that we are a few weeks off Term 2 ending. It has been a busy first half of the year, and it is at this time that many parents may wonder whether their child is ready for school next year. It’s important for families to keep the communication lines open with any childcare/ preschool staff regarding this, and of course your Speech Pathologist!

What do we work on?

♦ Speech Sound Development (Articulation & Phonology)
♦ Language Delays & Disorders (Receptive & Expressive Language)
♦ Learning & Literacy Difficulties (Spelling, Reading, Writing)
♦ Auditory Processing Difficulties
♦ Voice Disorders

♦ Autism Spectrum Disorders (low to high functioning)
♦ Developmental Delays
♦ Stuttering (Child & Adult)
♦ Dyspraxia
♦ Social Communication Skills (1:1 and group formats)

Please email any topics of interest for future Talking Heads Newsletters, to sonia@talkingheads.net.au

Look forward to hearing from you!

Sonia Bestulic
Director/ Principal Speech & Language Pathologist

www.facebook.com/TalkingHeadsSP
Q & A Post Event Feedback...

What a great evening!

On Tuesday 14th May, “Your Child Q and A” was held at Kogarah Library, with attendees reaching the maximum quota. A big thank you to all of you who participated, and contributed your great questions.

To those of you who were placed on our reserve/ waiting list; we hope to run a similar event soon enough!

*Some of the questions related to;*

- Behaviour management
- Anxiety
- Excessive shyness
- Thumb sucking
- Co-sleeping
- Late talkers
- Selective Mutism
- Sensory seeking
- Tantrums
- School Readiness
- Allergies
- Bilingualism
- Stuttering

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<th>Answers provided by...</th>
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<tr>
<td>Dr Ana Dosen</td>
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<td>Paediatrician (Specialist interest—Allergies)</td>
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<td>Sonia Bestulic</td>
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<td>Principal Speech &amp; Language Pathologist</td>
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<td>Briget Gurton</td>
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<td>Forensic Psychologist</td>
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<td>Janine Painter</td>
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<td>Paediatric Occupational Therapist</td>
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Want to be on our notifications list for upcoming events?

Email: sonia@talkingheads.net.au
What is stuttering?

Stuttering is a disorder that affects the fluency of speech. People who stutter know what they want to say, but have trouble saying it because the flow of their speech is disrupted by any of these behaviours:

- Repeating sounds, words or phrases (e.g. I I I I I can do it)
- Prolonging sounds (e.g., Where's my sssssister?)
- Blocking; moments where no sounds come out when the person is trying to speak.

People who stutter may also develop non-verbal movements associated with their stutter (e.g. head movements, blinking, and facial grimacing).

Causes of Stuttering

- Stuttering can run in families. If a parent or relative stutters, a child has a higher chance of stuttering than someone whose parents or relatives do not.
- The exact cause of stuttering is unknown. It is thought that stuttering may be related to the brain functions that regulate speech production.
- Low intelligence, emotional problems and personality type are not a cause of stuttering.
- You cannot ‘catch’ a stutter by being around other children/people who stutter.

Facts about stuttering

- Most children begin stuttering between the ages of 2 and 5 years, when speech and language is developing.
- The onset of stuttering may be sudden or gradual.
- About 5% of children stutter at some stage. Many children go through a stage of stuttering as their speech and language develops. Research indicates that, of these children about half may recover naturally, but for others the stutter will persist.
- Stuttering is about 3 times more common in boys.
- Stuttering can vary in severity over time, and even throughout a day.
- Stuttering affects speakers of all languages and backgrounds.
- A child may stutter more when talking about a new topic or if using complicated language. Most people who stutter are more fluent when speaking in unusual ways (e.g. singing, whispering, and reading aloud with someone).

Other factors can affect stuttering. For example, a child who is already stuttering may stutter more when excited, tired, arguing, given limited time to speak, competing to be heard, or speaking to someone new. Some children who stutter may feel anxious talking. They may avoid speaking in particular situations (e.g. on the telephone), using certain words, or speaking with some people.
When do I need to get help?

While there is a chance that your child may recover naturally, it is not possible to predict which children will recover without therapy. Therefore, it is best to refer early, or discuss your concerns with a Speech Pathologist. Research shows that stuttering therapy has better outcomes for pre-schoolers than it does for older people.

Stuttering treatment

Stuttering treatment aims to train the child to speak fluently and with confidence. Types of treatment vary according to the age of the child and the severity of their stutter.

The most common form of treatment for pre-school children who stutter is called the Lidcombe Program. This program is a very highly structured behaviourally based program that focuses on training parents/caregiver to treat stuttering. The children attend therapy once a week, and then practice intensively at home with their parents under the guidance of their Speech Pathologist with regular follow-ups. Parent involvement is essential in the treatment of stuttering.

What should I do if my child stutters?

Do:

- Take time to listen to your child without distractions or competition from other family members. Listen to what your child is saying, not how it is being said (ie don't worry about the stutters).
- Let your child finish what they are saying, don't finish words or sentences for them.
- Repeat or rephrase what your child says to show that you have understood.
- Reassure your child if he or she is aware of the stutter and is concerned.
- Praise your child when he or she is fluent.
- Encourage your child to slow down and think about what they want to say.

Have your child assessed by a Speech Pathologist

Don't:

- Draw attention to your child’s speech in front of others or put him or her in situations where speech is on display.
- Interrupt your child's speech or complete sentences for him or her.
- Criticise your child's speech.
- Tease your child about their stutter.
- Let other people (i.e. friends, parents) make comments or try to correct your child's speech.

Adapted from Sydney Children’s Hospital Randwick Stuttering Factsheet
Children of all ages exhibit behaviour which can be challenging to their parents, carers and others around them. Depending on their developmental stage, the behaviour exhibited will vary in nature, intensity and in what the child is trying to communicate.

Challenging behaviour can be caused by many different things. These may include: being tired, being unwell, seeking attention, boredom, anxiety, stress, habit, differing expectations from adults, or a developmental delay. It is important to understand the cause of this behaviour before trying to manage it. Keeping a behaviour diary can help in understanding the causes of the behaviour.

Many challenging behaviours that a child may exhibit are rewarded in some way. Just as adults do things for the “reward”, so too do children engage in behaviours which are “rewarded”. Put simply, altering the reward will often reduce the behaviour. It is essential to understand what is maintaining, or “rewarding”, the child’s behaviour.

One of the simplest strategies to manage a child’s challenging behaviour, once the causes and rewards are understood, is to spend time engaging with the child. Engagement with the child means spending individual time with them on a regular basis, doing something that the child wishes to do.

For example, taking ten minutes to play cars with your child, or kicking a ball in the yard or park. It is important that the child choses the activity and that the adult is able to focus on the child during that time. It does not have to be a long period of time, but it needs to be regular. This time does not include time spent transporting children to and from school or extra-curricular activities.

Spending quality time with a child shows them that they are important, that their interests are valued and that adults want to be near them. It also shows them that they can get positive attention, and that they do not have to display challenging behaviour to gain adults attention. This then makes it easier to implement behaviour management strategies to manage other challenging behaviours, as the child is usually more receptive to such strategies.

How do you spend quality time with your child?

Briget Gurton is a Forensic Psychologist, specialising in Child and Family issues.

To contact Briget, or make an appointment, call 9588 9888
Screen time and children

Screen time is the time you spend watching TV or DVDs, using the computer, playing video or hand-held computer games, and using a mobile phone.

A healthy family lifestyle includes limits on daily screen time.

How much screen time for children?

Not much is the simple answer. Children under two should steer clear of the screen altogether. Children aged 2-5 years should have no more than an hour a day. And children aged 5-18 years should have no more than two hours.

A wide range of activities is important for children’s development. These activities include active physical play, creative and imaginative play, hands-on fun, and anything that involves relationships and interactions with real people.

Developing healthy screen time habits

Developing healthy screen time habits while they’re young will help children and teenagers make better choices about how to use their free time when they’re older.

You can help by:

- setting screen time guidelines according to the ages of children in your family
- leading by example, limiting your own screen time
- offering variety, making sure you have a range of activities and objects to entertain and stimulate your children so they don’t look to the screen so much
- being choosy about what your younger children watch or play on the computer, and taking an interest in what your older children are doing online
- keeping TVs and computers in family spaces and out of children’s bedrooms, turning the TV off before school and at dinnertime.

Courtesy of www.raisingchildren.net.au
Talking Heads Speech Pathology is an innovative clinic providing people a means to successful, fulfilling communication interactions. A wide range of services are provided to both children and adults by a team of experienced Speech Pathologists with valuable skills and knowledge that contributes to a high quality service. The specialised team diagnose and manage a variety of communication difficulties.

Clinicians are experienced and established Speech Pathologists that are exceptional in maintaining and applying the latest clinical diagnostic and intervention strategies. The clinic is also known for being rich in resources and developing creative, wholistic individualised client management programs, ensuring each client successfully achieves their potential.

Services include; within clinic sessions/ home visits/ preschool/ school based sessions.

Group Therapy is provided for School Readiness in Terms 3 & 4.

Talking Heads Speech Pathology is an approved provider of services under the FaHCSIA initiatives;

- Helping Children with Autism
- Better Start (for vision and hearing impairment, Fragile X, Cerebral Palsy, Down Syndrome)

Social Skills Groups

Therapy is specifically designed to encompass the goals of the group members.

Groups are run for various age ranges & include specialised Autism Spectrum Disorder groups.

Therapy areas may include;
- Peer interaction
- Conversational skills
- Making friends
- Listening skills
- Negotiation skills