# Continuing Professional

Development Credit (CPD) This course meets the qualifications for 6 hours of Continuing Professional Development Credit (CPD) for Speech-Language Pathologists as required by the California Speech-Language Pathology and Audiology Board.

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### NO LATE ARRIVALS OR EARLY DEPARTURES

Target Audience • Speech/Language Therapists

### Sponsored by San Joaquin County SELPA Provider No. PDP 48

### Appropriate for: Language, Speech and Hearing Specialists

Speech-Language Pathologists and Audiologists can take courses to accrue 24 hours of continuing professional development (CPD) for each biennial license renewal. Licensees must take courses from board-approved providers and course subject matter must be related to the speech-language pathology and audiology scope of practice.



San Joaquin County Office of Education P.O. Box 213030 Stockton, CA 95213-9030 Co-Sponsored by: San Joaquin SELPA Stockton Unified SELPA Lodi SELPA University of the Pacific

LSH Spring Fling

Successful Strategies for Craniofacial Speech Intervention

Speaker:

# Sandra L. Sulprizio MSPA, CCC-SLP

# Tuesday, March 20, 2012

Registration 8:00 am to 8:30 am Workshop 8:30 am to 4:00 pm

# **Location:**

SAN JOAQUIN COUNTY OFFICE OF EDUCATION EDUCATION SERVICE CENTER BURWOOD AUDITORIUM 2707 Transworld Dr., Stockton, CA

#### **Continuing Professional Development Credit (CPD)**

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# The Presenter

Sandra L. Sulprizio, MSPA, CCC-SLP, received her bachelor's and master's degrees from the University of Washington in Seattle and worked there as a speech-language pathologist in early infant and school district programs. After five years, she moved to California, where she was employed by the Oakland Unified School District in their "special speech" programs, working with a variety of communication disorders: autism, cerebral palsy (using early ACC devices), deaf/ hard-of-hearing (SEE sign), language learning delayed older school age and adolescents, etc. Later she joined the staff at Children's Hospital Oakland and worked with a wide range of childhood speech and language disorders both for out patient and inpatients and started "group" language programs. With other pediatric specialists, she established one of the first craniofacial and cleft lip and palate clinics in the East Bay and started the speech and nasoendoscopy programs. Years later, Kaiser Permanente started the Northern California Craniofacial Clinic. Again, Sandra introduced the speech (Speech, Audiology and Nursing - SAN; Infant Unrepaired cleft palate Groups - IOP) and nasoendoscopy clinics. She is currently a speech coordinator in their craniofacial clinic.

## Learner Outcomes

- 1. At the conclusion of this seminar, participants will learn early strategies for infants to reduce and or eliminate communication problems with a variety of craniofacial disorders, especially those with or without overt cleft palate having isolated conditions or part of a complex genetic condition such as 22q11.2 (Velocardiofacial syndrome -VCFS), Stickler/Marshal Syndrome.
- 2. At the conclusion of this seminar, participants will learn to identify compensatory articulation disorders that are learned patterns and require speech therapy for correction and VP symptoms that require surgical or orthodontic management.
- 3. At the conclusion of this seminar, participants will learn speech therapy intervention for compensatory articulation disorders and the order of intervention at the isolation, syllable, word level, etc. specific phonetically controlled phonemes will be introduced in non-target positions of words/pictures, phrases and sentences. Those same 10-12 words will also be presented in pictured conversational scenes for generalization.
- 4. At the conclusion of this seminar, participants will learn short term speech therapy strategies for obligatory VP errors to increase intelligibility.

# Workshop Description

Program Description: Goals and Objectives:

- 1. To empower the SLP to identify and treat communication disorders with craniofacial individuals for early intervention, compensatory maladaptive VP speech errors and obligatory VP speech errors.
- First to understand the anatomy and physiology of the velopharyngeal area and the common terminology used.
- Next by understanding and using (through audience participation) an auditory perceptual/speech evaluation to clearly discern what is a compensatory maladaptive speech error, that requires only speech therapy and those VP symptoms that require surgical management and can't be changed with speech therapy. I will introduce a novel scale to be used by SLPs after assessment to rate components of VP functioning.
- I will then describe many common craniofacial conditions and provide early communication strategies for families, SLPs, & providers to help prevent or reduce speech and language problems. By knowing the communication outlook or future for the craniofacial-involved infant, it is more efficient to then plan for specific strategies to encourage and discourage communication development.
- I will outline an indirect program for toddlers and younger age children (12-24 months) with palate speech problems before direct intervention.
- After understanding what the SLP can change through direct speech therapy, I will provide a step-by-step, phonetically controlled approach to eliminating compensatory errors of speech. This approach will include targeted phonemes in pictures and scenes, vocabulary with correctly produced non-target phonemes, and phrase and sentence lists for imitation and generalization. Also there will be slightly different strategies included for therapy with the adolescents and adults. Home and school carryover programs will also be provided.
- Short term therapy techniques that can possibly reduce obligatory symptoms of VP dysfunction (such as: weak consonant strength, nasal turbulence or co-articulated audible nasal air emission, dentally influenced articulation distortions, hyponasality, etc.) and to improve intelligibility with pictures/words, phrases, sentences will be presented. In cases where reduction or elimination of obligatory symptoms is not quickly documented, then surgical or orthodontic management will be outlined.
- Instrumental measurements, new surgical procedures and prosthetic management will be addressed.

## Registration

### Fee:

SJCOE, LUSD, SUSD (SELPA's), UOP	\$45.00
All Other Participants	\$75.00
(Fee includes coffee & pastries, lunch and handouts)	

Deadline for Registration: March 9, 2012

REGISTRA	ATION FORM	
LSH Sp	oring Fling	
Tuesday, N	Iarch 20, 2012	
Successful	Strategies for	
Craniofacial S	beech Intervention	
Deadline for Regist	ration: March 9, 2012	
SJCOE,LUSD,SUSD,(SE	LPA's),UOP <b>\$45.00</b>	
All Other Participants	\$75.00	
(Includes coffee & pa	astries, lunch & handouts)	
Name:		
District/Agency:		
Address:		
City:	State: Zip:	
Phone:( ) email	home worl	
Please check one:		
Speech/Language Therapist	Administrator: Spec. Ed	
Teacher: Sp. Ed.	Administrator: Gen. Ed	
Teacher: Gen. Ed.	Program Specialist	
Parent	Other	

Registrations will be accepted on a first-come, first-served basis only. **Please register early.** Registration and payment must be received in SELPA office by **March 9, 2012**. Meals and handouts are not guaranteed unless registration is received by the deadline.

- We regret that NOREFUNDS can be given; however, substitutions are always welcome.
- To confirm your registration and that payment has been received, or if special accommodations are necessary, please contact Patti Farhat at (209) 468-4928 at least two (2) weeks prior to this

#### Payment Method Accepted:

#### **\*\*NO PURCHASE ORDERS ACCEPTED\*\***

\_ Check (payable to SJCOE)

event.

- Credit Card \$45 Link for LSH Spring Fling is: http://tinyurlcom/76x19gp
- Credit Card \$75 Link for LSH Spring Fling is: http://tinyurl.com/795n6dl

\_\_\_\_ District Journal ( San Joaquin Districts <u>ONLY</u> -\_\_\_\_

see your District Business Office personnel to process journal)

### <u>Remit Form & Payment to:</u>

San Joaquin County Office of Education

SELPA Dept. Attn. Patti Farhat

P.O. Box 213030

Stockton, CA 95213-9030

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