



TURN AUTISM AROUND
WITH DR. MARY BARBERA

Transcript for Podcast Episode: 009

Getting Kids with Autism to Talk or Talk More

Hosted by: Dr. Mary Barbera

You're listening to the Turn Autism Around podcast, episode number nine. And today in this episode I'm going to be talking about how to get kids with autism to talk or talk more. Before we get into that, I'd like to give a shout out to a social work professional. I don't know what her name is, but she left a great iTunes podcast review. She said, "After 20 years in my field, I find these podcasts to be very enlightening in understanding autism. This would be a great resource to assist and support families to meet their child's needs and to hear firsthand experience from professionals and parents."

So, thank you to that person who left that great review. If you have enjoyed the podcast episodes so far, I would love it if you would subscribe on iTunes and leave me a great rating and review, and maybe I'll give you a shout out in future episodes. So, let's get into the talk about how to get kids talking or talking more.

Welcome to the Turn Autism Around podcasts for both parents and professionals in the autism world who want to turn things around, be less stressed and lead happier lives. And now your host, autism mom, Behavior Analyst and bestselling author Dr. Mary Barbera.

Welcome back to another episode of the Turn Autism Around podcast. I'm your host Dr. Mary Barbera and I'm thrilled that you're here today. I'm going to talk all about how to get kids talking or talking more. I've done some lectures and some video blogs about this subject and it is an issue near and dear to my heart.

As you know, I am a Board-Certified Behavior Analyst. I am not a speech and language pathologist, yet over the years I've worked with dozens if not hundreds of speech pathologists and I've learned a ton from them and I've learned a ton about how to increase language using a behavioral approach. And my book, *The Verbal Behavior Approach*, is all about how to do that using a behavioral approach.

So, I do have great news though. Next week's podcast is going to be an interview with a speech and language pathologist, Rose Griffin, who also is a Board-Certified Behavior Analyst who is an expert in ABA and verbal behavior. She's taken my online courses, she's a part of my online

community and we're collaborating going forward to try to help as many kids as possible increase their language.

So, with that being said, let's get started and we're not just talking about toddlers here who aren't speaking yet. We're also talking about teens that may have been labeled nonverbal over the years. I did a video blog a couple of years back called like should we be saying non-vocal are nonverbal, and in my book, I also address this that saying a child is nonverbal is actually not very accurate in behavioral terms because all crying of a newborn is verbal behavior, reaching for items, reaching up to be held is verbal behavior. So, when you say a child is nonverbal, that actually isn't true. They are being verbal. They're just not being vocal. They're not using vocal speech. But everyone is verbal. But I don't really want to split hairs about it because it doesn't really matter.

I mean, I hear nonverbal all the time, you know, perhaps every day, it's not a big deal. It's just, I just don't like when people kind of pass off kids and say they're nonverbal. They're slow learners. This is their life. Get used to it. I believe each child should be reaching their fullest potential and that includes, if at all possible, developing vocal language. It's the easiest way to communicate the easiest for the child. It's easiest for parents to understand if a child can be vocal versus you know, exchanging a picture using a device, using sign language that everybody has to know. It is the best response form. And I feel like for a lot of our kids with moderate to severe autism who don't develop full conversational speech, it's confusing as to how to get that vocal speech to be more understandable, to be used more often to be developed in the first place.

So, I am going to use a couple of kids as an example. One of the kids is Chino, which you may have seen Chino on some of my videos. He made really awesome gains over the years, especially in the early years when I was working with him. He started out, he reminded me of lot of Lucas, like he was pretty mild mannered and he was under two when I first was assigned to his case as an early intervention provider. He did not have a diagnosis of autism for the first six months that I was with him. He had no real skills to talk about. He couldn't imitate. He couldn't follow directions to touch his body parts. He had some pop out words, some words, but without having an echoic control. Meaning if I say ball, Chino would not say ball. Lucas was in the same boat. He didn't have an echoic control.

I didn't know what an echoic control was back in the day when I had Lucas, when he didn't have an echoic control. But you know, there's a lot of kids out there, whether they're two or 12 or 22 that have some language and have what I would call pop out words; words they pop out, but only under certain situations. So, when somebody says, my child or my client is nonverbal, I then usually ask, does he not speak at all? No words, no word approximations, no sounds nothing. And then they say, oh, well he says, mom. And he says hi. And he says, you know, cat. But that's about it. Well, to me that's exciting because I'm thinking, wow, if we, if we have a handful of words or a dozen words or 100 words that do come out, then we know the child can actually speak. That's very exciting because I, I do know how to teach kids to speak and speak more, uh, using behavioral procedures.

But in Chino's case he did, we didn't have an echoic control when I first started. He had these words, but just a handful. And then I also want to talk about another boy who is 17 years old who I was doing an independent evaluation on. I'll call this boy Todd. It was a few years ago and um, he was in a residential placement since the age of eight and now he was 17 and I was going in to evaluate him to see if I felt that he should stay in that residential placement or if he should be discharged to home and the family for a variety of reasons. This child had had big problem behaviors and they wanted him to stay in the, in the placement. But anyway, I was hired by somebody to go in there to take a look, and Todd was labeled nonverbal in all his business reports that I looked at in everything.

When I talked to the parents, she said he was nonverbal. I of course asked, well, what do you mean? Does he say anything? Oh yeah, he says, mom, he says this and that. So piqued my interest. He was using a communication device, which in these days now it's more, it's very typical for kids that are using communication devices to be using iPads and to be using some application on the iPad to communicate. So, he was supposedly using that to some degree. So, I went in for the evaluation and what I found was he did, I only saw him one day, you know, for a full day. And um, he did have some language, he had some spoken language, he could say beads, he could say a few words and, but nobody was working on those words and it was really not understandable what he would say except for beads, that was pretty clear.

I remember him wanting the staff to sing to him. So instead of getting his device and you know, manding with the device to have them sing, he would actually hum the songs and then they would sing to him. So, he had a lot more potential vocally then you would have thought. The other thing that was, was, stands out in my memory of Todd was that he would drink out of a water bottle, just a regular adult water bottle and he would spill it all over his, his clothes. And so, one of the things that I think is so important, whether you have a toddler or teen that is not speaking or not speaking well or not speaking fully and articulation might be a problem, is we have to look at what they're eating, what they're drinking. Are they using a bottle, a pacifier, or even a sippy cup?

A child, uh, spill proof child sippy cup is a very bad thing for articulation. So, we want to look at what they're drinking, how they're drinking. When I was assessing later on that day with Todd, I was asking the staff, can he drink from a straw? Um, they didn't know, but they, they got a straw out and sure enough he could drink from a straw. So that is actually a really easy technique that you can do to improve speech by getting a child's oral motor system, sipping through a straw and those sorts of things. Instead of that open mouth where, you know, he's just, he's spilling the water, uh, onto his clothing. So even from a hygiene point of view, it's a lot better if he drinks from a straw. And from an oral motor speaking point of view, it also is very important. So, my first tip is to not only look at what they're eating and drinking and if they have any problems or continued use of a bottle, a sippy cup or pacifier and get rid of those, is to also do a full assessment.

Now this full assessment doesn't have to be this huge long drawn out, you know, VP-MAPP and those kinds of assessments. To begin with we just want to do a quick assessment, which the

five pages in the back of my book, *The Verbal Behavior Approach*, are an assessment that I developed very quickly. We took those five pages and made them into a one-page assessment form, which is great to use. And this one-page assessment form, which will be in the show notes so you can find [@marybarbera.com/9](https://marybarbera.com/9), um, that's where the show notes for this episode will be. And that one-page assessment form helps parents or caregivers or teachers quickly fill out like within 10 minutes where the child's at, how old the child is.

Obviously, my recommendations for Chino versus Todd are not going to be the same. The age that what the diagnosis is, a lot of our kids have a diagnosis of autism and they also have diagnoses such as apraxia which involves speech and language. This one-page assessment form also talks... asks about medications, allergies, sleeping, eating, bottle, pacifier, sippy cup use is a big one. Sleeping problem, behaviors, all, all the types of language. Can the child request, how do they request? Are they using like Todd, was a device? Are they signing? Are they pointing? Are they reaching for things? These are all things that we can use to develop better speech, so that one-page assessment is really important. Then you are going to want to do more thorough assessments because as you can see, if you've listened to all of my podcasts so far, thank you first of all, and congratulations for getting through all that content, but you can see it's complicated and we don't want to just go, okay, the child doesn't speak, these are the ways to increase speech because speech may not be the top priority.

If the child is having dangerous problem behaviors for instance, that is our top priority. But the good news is that developing speech and a way to communicate your needs and wants almost always will reduce problem behaviors. So, they are two sides of the same coin and we can't just look at speech in a vacuum in a silo. Okay. So, after we do the one-page assessment and, and then we, we will want to make plans, I use the VP-MAPP assessment as my primary assessment for kids that are not conversational. It doesn't matter what age they are. I do use that as a base for kids like Chino and kids like Todd. And there's a part of the VP-MAPP that is a great assessment. It's the EESA assessment: early echoic skills assessment.

This part of the VP-MAPP was developed by Dr. Barbara Esch, who is a speech and language pathologist and a BCBA doctoral level. She was Dr. Jack Michaels last PHD student. She is awesome. If you ever have a chance to see Dr. Barbara Esch speak, it is well worth your time and investment. And I did go to a three-hour lecture by Barbara Esch and she taught me a lot. And this was just a few years ago after I wrote my book and everything. So, this EESA assessment is a great tool, especially if the child has an echoic ability. But like I said, with Chino and with Todd and even with Lucas two decades ago, we didn't have an echoic control right away. So, I'm going to give you some steps and some strategies to develop language and to develop speech or to get speech better, more understandable, assuming that we probably don't have great echoic control in the beginning.

Now of course my courses get a lot more into this and, this podcast, especially without video demonstrations, it's not going to be like, okay, I'm good. I can get a child talking, no problem. I'm just trying to get awareness up that, you know, it's not just for little kids that we're worried about. It's not, you know, once you're on a device doesn't mean we can't work on vocal

language. The importance of looking at these, these feeding and drinking issues, all of those I want to tell you about so that hopefully after you listen to this podcast you'll take some more steps to learn more. So, once we do a more thorough assessment, we can also jump into looking at the speech specifically. And if the child can't echo, we want to observe the child in their everyday language and see if they have pop out words.

What are those pop out words? List them, list them, actually it's really helpful if you list them on an Excel Cell spreadsheet or somewhere where you can put them in alphabetical order and you can add to that list. And if the articulation's not perfect, say they say "ca" instead of cat, they missed the ending, then just write "ca" and, or write "cat", and then in parentheses, write "cat". So, when he sees a picture of cat, he says "ca", but he doesn't put the 'T' on. Okay. So that's great information. You might want to list the just the sound, Ah. He doesn't have to see anything to say Ah, but he says, ah, occasionally throughout the day, any words he says you want to put that on a list. And the other thing that I developed that's in, I think chapter six of my book is the number one, number two-word list.

I actually in my book I talk about the number one, number two and number three-word lists. I've kind of excluded number three, so number three are like really hard words that we need to just put to the side. Number one words are words that the child says clearly enough for a stranger to understand. So, if they say cat or like Todd said, beads and I, you know, I mean everybody could understand that was beads. That would be a number one word for him. And if he said mama, that would be a number one word. But if he says cookie, and he said cooker, that would be a number two word or ca for cat. That would be a number two word.

So, we want to, um, kind of see what his number one words are because Barbara Esch teaches the kids... new talkers, whether they're typically developing or have speech issues. New talkers need a lot of practice to get better at pronunciations. So, if we know that these 10 or these 50 words are number one words, then we can practice those words a lot. Especially if we put that list on the refrigerator and in the therapy binder. If the child's, you know, getting therapy, we want everybody to know what his number one words are so that we can program for those. And the number two list, we may need some help from a speech language pathologist to help us figure out ways to get them to talk to speak more clearly with those number two words. But I have found that this number one, number two-word list, putting that on the refrigerator and updating that list weekly. If the child adds more words, once you get an echoic control, you can add a ton of words. That is really helpful with improving language.

So, as I said it, it really is great if you can get a speech and language pathologists to help you, especially with like sound inventories it's confusing. Most kids start out saying more vowel sounds and then consonants come second and then there's also voiced versus non-voiced consonants. And so, it's tricky and also vowels have like, not everything is an awe, sometimes it's an app and like how do you write that? How do you teach that? That's all obviously beyond the scope that a Behavior Analyst like myself would have. Like I have no idea. You know, that we're getting into really complicated territory that we're going to need a speech and language pathologist, and so hard to find a speech pathologist that also understands all these ABA terms,

and you know, what to do if the child's having severe problem behaviors. And you know, it's hard to get someone with both expertise, that's why it's so great to have people like Dr. Barbara Esch whose dual trained as a speech language pathologist as well as a BCBA, and our guests for the next podcast who is also in that same boat, SLP and BCBA, um, Rose Marie Griffin.

So, if a child is not saying words or word approximations that people can understand for their... to satisfy their wants and needs, like to get water or to um, say things that they need, then they really do need an augmentative communication system started. And this tends to complicate things. Some parents think, well I don't want to start him on a picture exchange or I don't want to start sign language. I don't want to start an augmentative device because I want to focus on language. And every study that I'm aware of shows that implementing an augmentative communication system like sign or PECS, the picture exchange communication system, with it always helps with vocal. It's not going to take away if you are constantly saying the word. So, they sign, you know, candy and you're saying candy, candy, candy, that's right. Here. Here you are. Here's the candy.

So, we need to be promoting speech and language no matter what system we use. And I've seen kids be successful with combining systems, but whatever communications system that you're using with a child, and no matter what the age is, whether you're a two-year-old like Chino was, or a 17-year-old like Todd is or was, um, I never give up on vocal speech, especially for kids that have a handful of words. There's always room to improve vocal speech. And I don't think it's ever worth saying, let's just put that on hold. And I think that's what happens when kids go to augmentative systems sometimes that professionals get caught up in updating the devices and going with protocols to get those working and those generalized. And then the vocal speech kind of goes to the side. The best way I know to get vocal speech going is to use a procedure called stimulus stimulus pairing.

And this is where you pair the word one word three times and up to three times, and you give the child something as a reinforcer. So, if you hold up, say the child is reaching for a banana, they clearly want the banana and that's not one of the first three to five signs you're going to teach for banana for this particular child. But you want to be pairing the word... words throughout the day. So, you take a piece of the banana and you say banana, banana, banana, and you give a piece to the child or you let the child take a bite. Then you go again, another child, banana, banana, banana. You give the child banana. If the child says nana, or 'Ah' you want to give the child the banana piece a lot quicker so you can use this stimulus stimulus pairing procedure throughout the day, both at the table, during intensive teaching sessions, throughout the natural environment.

When the child wants something or when it's like, say you're going up to get a bath, and instead of saying, oh Johnny, let's go up and take a bath, we're going up the steps. Narrating like that, that's a lot of language. So instead think about like if you are in a foreign country and you didn't understand the language, it's going to be a lot easier to just do up, up, up so that or water, water, water. If I were in a foreign country and they were saying Ayoubi, Ayoubi, Ayoubi, I

would be like, okay, Ayoubi, I have to remember that that means water. I am going to be thirsty, Ayoubi. But if they say [inaudible] I don't, you know, this is water or do you want some water? I don't know what they're saying because it's too much.

And I've demonstrated this procedure with two people. One a professor from Turkey who translated my book into Turkish, and I did the same procedure where I demonstrated it with a professional from China who translated my book into Chinese at both at ABA conferences over the last couple of years. And we're going to link those demonstrations in the show notes. But I think it's just a great technique, easy for parents and grandparents and teachers alike. So, if you're doing an inset puzzle, it's pig, pig, pig, have the child put the pig in. If it's my shoe box program it's just naming the word three times. If it's Mr. Potato Head, you say arm, arm, arm and this is a great way to increase speech. If the child does have pop out words like beads for Todd, I would take picture of those beads and I would do shoe box program beads, beads, beads, I'd, I'd have a match and this is the way we're going to get more speech, more practice and um, and just a lot better chance that we're going to make some progress with speech.

Another really important thing that Barbara Esch taught me years ago at a workshop, is that we want to think in terms of syllable length, not sentence length. I think there's a lot of IEP goals, individualized education plan goals that say, Timmy, will talk in four-word utterances. There's, there's a lot of push for kids that talk. We want them talking more and we want to build sentences. I am opposed to that mindset because what happens is a lot of times people jump to carrier phrases like I want or my name is. And so, we want to focus first on one to two syllable words like beads, chips, water, you know, those are really... cookie mama, mommy. Those words are one to two syllables. They're very reinforcing words usually. Even pig and cat and eyes and nose. Those are all one syllable. Very functional. The child can learn to request them, label them.

But then when we add these carrier phrases, so pretzel is a pretty hard word because now we're not just talking about two syllables, we're talking about a p and n are together, you know, the z and the t. Like it's, it's kind of a little more tricky, say than mama, which is really more of an easy two syllable word. But pretzel is, you know, so the articulation for pretzel could be pretzel, you know, so like eh, that's a little iffy, right? Now you add I want, and now the child's like, [inaudible]. So now we've gotten like totally tanked on the articulation.

We had a boy in one... In our program and he still is in his mom's in the online course and his name is, is Nick, but his official name is obviously Nicholas. And when she, um, shared videos, it was like... somebody who was teaching him, my name is nick o' less, that's six syllables and it sounded like [inaudible], you know, versus what's your name?

And we taught him Nick, one syllable, easy to understand. We just have to be really, really cautious of carrier phrases. So, when Barbara Esch taught me in this workshop, she said like the black cat sat down, that's five syllables, five words. She said refrigerator is five syllables, one word. So, whenever you write a goal or you're trying to get to the next level, we have to think about syllable length instead of sentence length. And the other thing is we have to really be

careful about just adding pat carrier phrases. Like a better way to do it, the way I teach in my online courses is to build two-word pivotal phrases. So, once you have a bunch of nouns solid, then we teach adjectives and verbs so that we can then have the child request, you know, red candy or, or, um, sugar cookie versus I want cookie or I want candy.

We also teach, you know, kick, kick ball versus throw ball. So, we're, we're teaching actions so that we can then build language that is functional. The articulation is fairly clear and we have to build language systematically. Otherwise we tend to make a mess of things. So, the other thing that I alluded to earlier in the podcast episode was the importance of assessing that eating and drinking. And I do think over the years with hundreds of clients and in my reading and in my interaction with people, we really need to get um, a child with autism no matter what age, drinking from a straw and drinking out of an open cup. It's an important milestone.

You know, typically developing kids progress up from the daycare, A Room to the daycare B Room because... and some of them are held back for like failure to drink out of an open cup, and then of course for potty training and other things like that. But it is a developmental step that is missing. And I remember I had... I put this in my book, I think it's in chapter six, a pretty famous SLP by the name of Joanne Gerenser. She came... stopped by my house before she spoke at a conference nearby, and Lucas was four I think at the time, and she said, you need to get rid of that sippy cup. He was running around my basement with a spill proof sippy cup and she's like, it's worse than having them have a bottle for articulation. And his articulation wasn't great. And so, we got rid of the sippy cups and moved him to straw and open cup drinking. But that was just a really good tip. I was already a BCBA, I didn't know that.

I've also seen some oral motor procedures through TalkTools.com work. I do mention TalkTools in my book in chapter six, and a lot of BCBA say that that's an oral motor program that doesn't work, there's no science behind it, but I've actually read a dissertation or a thesis on it. I know personally a couple BCBA's and SLPs who are certified in TalkTools who have actually helped me over the years, implement some procedures with my clients. And I've seen it work to improve feeding, to improve articulation, sound production. And for a little boy who had a big problem with drooling, um, they have a drooling protocol that really is, is great. So, I wouldn't rule that out. I would read more about TalkTools. You can't do it... you shouldn't do it if you're not certified or have somebody certified help you because it won't be effective then. But I have seen that work. So, in conclusion, I think there are a lot of ways to improve language, to get a child talking for the first time or talking more. There's a lot of ways to do that behaviorally.

We want to assess, we want to assess the whole child. We want to assess just the language part as well. We want to use that stimulus stimulus pairing procedure, both in intensive teaching and in the natural environment where you say the word three times, uh, we want to take data. Obviously, we're not going to be able to get into that on a podcast episode, but there are lots of ways to take data and I think data always helps us make better decisions. We want to think in terms of syllable length and not sentence length. As you carefully expand language, you can consider TalkTools or at a minimum, teaching children to drink out of a straw and an open cup

and eliminating bottles, sippy cups and pacifiers, which can all really have an effect, uh, a bad effect on language development.

If at all possible, you'd want to get an SLP, a speech and language pathologist on your child's or client's team and get this speech and language pathologist to learn as much as possible about the behavioral techniques that are so important for our kids, so that there can be this great team approach.

Next week as I said, we're having Rose Marie Griffin who's an SLP and BCBA for many years and she's going to, I'm going to interview her. She has... Rose has taken all of my courses. She remains as a vital part of our online community for professionals and parents. You can find out more about these techniques to truly help toddlers through teens, uh, with autism at marybarbera.com/workshops where you can take a free online workshop at a time that's convenient for you, and you can see some of these videos showing techniques and some of the mistakes that parents and professionals are making, and how to turn those around.

So, thanks so much for listening to this episode and I hope if you loved it, you'll leave me a rating and review on iTunes, download, subscribe, and share the podcast so others can benefit. Thanks so much and I hope you tune in next week for my interview with Rose Griffin.

Thanks for listening to the Turn Autism Around podcast with Dr. Mary Barbera. For more information, visit Marybarbera.com.