Not just 'LIP' service- Looking at ORAL MOTOR skills at Christopher Place

Getting things started
We have been focusing on providing extra, joint Occupational Therapy (OT) and Speech and Language Therapy (SLT) to develop children's oral motor skills. The original idea came from identifying the noticeable difficulties which children had controlling the area around their mouths, not only to producing speech, but for some of them, their difficulty with feeding. We developed a pilot programme of additional, targeted oral motor sessions for this group to encourage use of the areas around their mouths.

This turned out to be a positive and productive experience for the children. The oral motor activities expanded outside the pilot group to the other nursery and toddlers' classrooms. The children now receive weekly oral motor sessions with the OT and SLT working together. Each child has their own oral motor bags consisting of various tools to encourage blowing, sucking, and in some cases biting and chewing. All the staff (teachers, learning support assistants, therapists) are now fully involved and engaged with supporting children and parents on the activities. It has made a significant difference to children's confidence with talking.

Why is it necessary?
It is obvious that in order to have clear speech, adequate mouth awareness is required. However, the oral motor mechanisms not only affect speech and act as a medium for nutrient intake, they also assist with calming, self regulation, bonding and social interaction. For example- when stressed both children and adults use their mouths to calm:

- Infants suck on breast, pacifier, bottle to fall asleep
- Toddlers suck on their thumbs to concentrate
- Adults chew gum, bite nails, chew pens, smoke, etc

Oral and respiratory activities are used during nursery groups and preceding activities in 1:1 therapy sessions to address targeted outcomes. Below are some examples:

OT related targets:

- Suck to promote trunk flexion
- Blow to promote trunk extension
- Bite to promote jaw, neck, shoulder and pelvic stability
- Crunch and chew to promote balance stability/mobility in jaw, neck, shoulder, and pelvis
- Bite, crunch, chew, suck and blow to promote eye hand function

SLT related targets:

- Suck to promote sounds(k, g) produced at the back of the mouth
- Blow to promote sounds (f, s, sh, ch, z, n, h, etc) that require graded air flow
- Bite and suck to promote sounds (b, p, m, d, t) produced at front of mouth
- Massaging of face and licking of food around the lips to increase awareness of the lips, tongue and mouth

With increased experience of various movement activities and exposure to different textures and tools for the mouth, the therapists also aim to increase jaw stability, develop breath support for speech and increase coordinated movements and accuracy of movement during speech.

An example of change: *Freddie's journey*
Freddie has poor muscle tone. He has reduced trunk stability and body awareness. His facial awareness is also quite poor thus Freddie has difficulty forming specific movements with his lips and tongue. Although he has appropriate receptive language, his expressive language is delayed. He has difficulty with clear articulation of speech. The discrepancy between

Freddie's receptive and expressive speech causes Freddie much frustration. Freddie's individual SLT expressed some concerns about his progress in therapy as Freddie was avoiding all tasks which required speech output. After discussion with staff and parents, part of the OT and SLT sessions were combined to incorporate oral motor activities. Although Freddie still avoids some tasks he perceives to be difficult, he is more willing to perform them as he is now achieving greater success. There are still a lot of areas to work on with Freddie's oral motor skills. However, with the use of oral motor principles and knowledge, he is participating more fully, is more attentive, and is making better progress. Merely focusing on speech production, would not have enabled Freddie to make appropriate progress at the pace that he is now doing. He is initiating talk and his responses are more confident. Having greater emphasis on oral motor development alongside his other therapeutic input is already making a difference.