





# Natural Language Acquisition:

## Gestalt Language Processing in Older Students

*Considering evidence-based practice and parent perspectives*



Susan Browning, M.A., CCC-SLP  
Rachel Birchmeier, M.A., CCC-SLP  
Bailey Coutteau, M.S., CCC-SLP



# Open-mindedness

An open mind is like an open window. It lets the fresh air in.

Mike Hernacki

quote fancy




Financial Disclosures:



# Susan Browning

Salary from STAR Behavior Consultants

Non-Financial Disclosures: Member of the Michigan Speech Language and  
Hearing Association






Financial Disclosures:



# Rachel Birchmeier

Salary from STAR Behavior Consultants

Non-Financial Disclosures: Member of the Michigan Speech Language and  
Hearing Association





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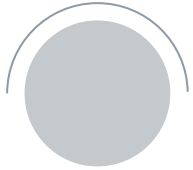


# Bailey Coutteau

Salary from STAR Behavior Consultants

Non-Financial Disclosures: none







# Learning Objectives



01

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Discuss past and current research trends in the area of echolalia and gestalt language processing

02

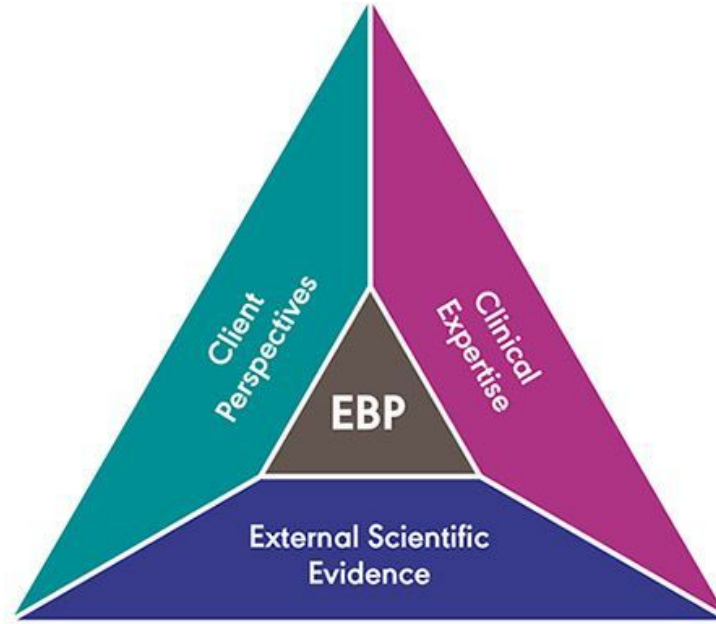
Explore the complexities in various learning styles/learning histories in older students who communicate using echolalia/gestalt-style learning

03

Apply specific therapy techniques including parent involvement and feedback as part of evidence based practice and active case studies.



# ASHA's Evidence-Based Triangle







# Past and current research trends related to echolalia and gestalt language processing

Beginning as early as the 1970s and continuing through today and beyond...

- Ann Peters
- Barry Prizant
- Adriana L Schuler
- Lisa Audet
- Lillian N Stiegler
- Marg Blanc
- Many other SLP colleagues, both researching at the university level and those in clinical practice providing information on social media.





Where do we get our  
evidence-based  
treatment ideas?

Fellow  
Clinicians

Facebook  
groups

Podcasts

CEUs

Research  
Articles



Instagram

Clinical  
Experience







# Considerations and Limitations of Today's Topic

- Recognizing we are working in an ABA clinic- different than a school or other setting, but we aim to share information that is applicable to all environments
  - Information and research is always changing and we strive to blend the best of science to our clinical experience with the ASHA research triangle in mind for evidenced-based practice approaches.
  - Older students
    - Clients ages 7;0-16;0
    - All previously received analytic language therapy
    - Majority of clients referenced throughout continue to receive ABA services
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## Did you know....

- It can take an average of about 17 years for a topic to be researched, evidenced-based practices to be found and then put into clinical practice?
  - One way to help narrow this gap is the consideration of *Implementation Science*.
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# What is Implementation Science?

- “Implementation science is the study of methods used to promote systemic uptake of research into routine clinical practice and to improve patient outcomes and service quality (Eccles & Mittman, 2006).”
  - Stated simply, it is the examination of methods that promote use of well-researched interventions in “real-world” settings”
  - Clinicians contributing to the evidence base, which can help provide additional perspective to the researcher and help connect research with the real-world. (Douglas and Burshnic 2019)
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# Definitions





## Natural Language Acquisition (NLA)

- Embraces child's own level of natural language development
- Detailed description of Gestalt Language Development

## Gestalt Language Processor (GLP)

- Use of gestalt language (echolalia or scripts) to communicate
- Chunks vs single words

## Analytic Language Processor (ALP)

- Using words first as the building blocks to produce sentences
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# 4 Focused Questions for Parent Feedback

01

What was your/the family's understanding/response to XXX's communication style with their scripts/gestalts before ever hearing about Gestalt Language Processing?

02

What were your first thoughts when hearing about Gestalt Language Processing? Talk about your skepticism vs "oh yes, this sounds like my child". What made you want to seek out this type of therapy?

03

What were your thoughts on the first few sessions of Gestalt Language therapy compared to your prior therapy experiences?

04

How has the communication changed at home since starting therapy using Gestalt Language Processing?

## What was your/the family's understanding/response to XXX's communication style with their scripts/gestalts before ever hearing about Gestalt Language Processing?

"We had been to so many different speech pathologists and were always told the same thing. He would probably not have more communication skills than what he had. His scripting was a distraction and he would not be able to communicate because he lacked concentration." "We had been to so many different speech pathologists and were always told the same thing. He would probably not have more communication skills than what he had. His scripting was a distraction and he would not be able to communicate because he lacked concentration."

was not something he wanted to do becoming frustrated and he would display behaviors that prevented other Speech Pathologists from working with him."








02

**What were your first thoughts when hearing about Gestalt Language Processing? Talk about your skepticism vs 'oh yes, this sounds like my child'. What made you want to seek out this type of therapy?**

*"Discovering my son is a GLP was devastating, but not because it's a terrible way to obtain language, it's because he was thirteen years old at the time. How did all of us miss it? At the time of discovery, my son was in his 10th year of ABA and in his 11th year of speech."*



## What were your thoughts on the first few sessions of Gestalt Language therapy compared to your prior therapy experiences?

*"The first few sessions, honestly months, of Gestalt Language therapy were brutal.....for ME! We didn't 'DO'.....anything! I was constantly trying to prove to the therapist that 'He CAN talk, you have to prompt him like this, ask him this, do this. She finally, very lovingly, told me to be quiet, that's not how therapy works and that my son will lead her. That was SOOO hard for ME, because I had also been through seven years of speech therapy with my son, as well as the combined five years of ABA therapy. It was brutal for me to sit quietly and watch, I had no idea what we were doing, and I felt like we were wasting the therapist's time."*

## How has the communication changed at home since starting therapy using Gestalt Language Processing?



- Reduced behavioral outbursts
- Less feelings of “fight or flight”
- Increased socialization with friends
- Validation that they knew their child’s scripts had meaning, even when others may have told them in the past that it did not

## How has the communication changed at home since starting therapy using Gestalt Language Processing?

*"My son loved watching a youtube video of the Pete the Cat book I love my White Shoes". One day leaving school, he stepped in a puddle. He spontaneously said, "Oh no! Pete stepped in a bucket of water!" and I said, "Did Pete cry?" and my son clearly didn't like that feeling of the puddle water going into his shoes I knew his socks were already soaked. He quietly said, 'goodness no' We RAN to the car, I had a change of clothes and when we got to speech therapy I said he has no shoes on and shared the actual back and forth conversation and the celebration was enormous!"*





# Initial Therapy Sessions

- Not the sessions that you watch on a typical training video
  - Building rapport and connection
  - Get to know what they are into including favorite tv shows, activities, etc.
  - Silence
  - Abstract art class
  - Presuming competence
- 
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# Giving the client their own power



At first, when we started using this therapeutic method, the clients were not quite sure what to do. They were always waiting for a demand to be put on them.



*"..he loved it, he got to do the things HE liked. He finally had freedom to move around a therapy space with no demands on him."*



# Screen Time as part of the session

- Recognizing the videos they watch are similar to AAC/part of a total communication approach.
  - Getting into the world of your client
  - Understanding origin of gestalts/scripts
  - Different for each client
  - Scrolling/pre-linguistic skills: decreased attention and engagement
  - If screentime is more challenging for your client, it may be worth considering a goal of alternating between child-led vs clinician-led activities, building up tolerance (pre-linguistic skills training).
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# Social Relationships

- John and Peter relationship, speaking to one another in gestalts and understanding one another, as well as looking at where the language gaps are, specifically, asking for personal space.
- Thinking about how teenagers hang out and communicate



**Understanding that as speech language pathologists, we do have the skilled expertise to analyze, coordinate and implement functional communication plans for our clients in a productive and worthwhile way.**





# Coding, Documentation, and Insurance Considerations


- No matter whether you are using traditional therapeutic approaches or under the Natural Language Acquisition framework, the coding definitions, rationale for treatment, etc, remain the same.
- Evaluation: 92523
  - Dynamic assessment, language sampling and analysis, communicative intention inventory and analysis
- Treatment: 92507
- All under diagnostic code F80.2 Mixed receptive-expressive language disorder

*\*\*Always consult with your director/business office for specific billing/coding questions\*\*.*





# Altering our definition of progress

- Findings that are tricky to show to insurance
    - Importance of narratives within documentation
  - Eye contact\*
  - The opposite of what we've learned about progress
    - Having difficulty generalizing beyond speech room in traditional speech sessions
    - Whereas with these kids, we are hearing reports from the parents about the differences in the way they are communicating or taking in the world that we often don't see in the speech room!
- 



# Goal Writing

01

Goals should be based on the stage the child is mainly communicating in

02

No progress = not using the right approach

03

Younger clients vs older clients

04

Be creative



Goal topic ideas

- Initiation
- Self-advocacy
- Social
- Total communication approach
- Communicative intents
- etc.



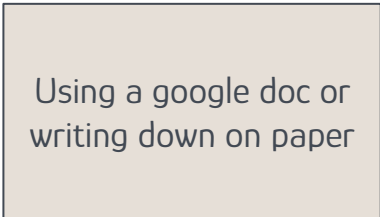
Receptive language

- Always presume competence
- Using directive statements vs placing a demand

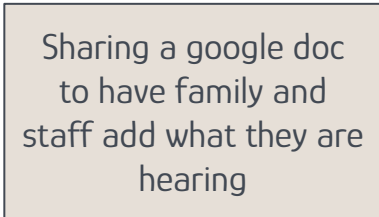


# Language Sampling

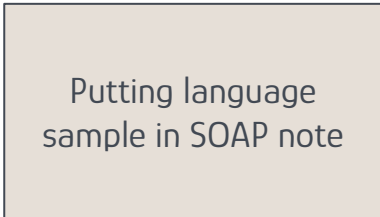
Taking samples during and outside of the treatment session to track progression through stages



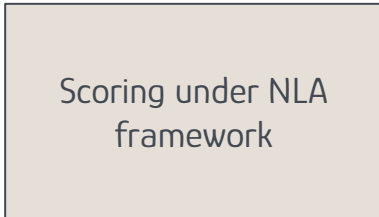
Using a google doc or  
writing down on paper




Sharing a google doc  
to have family and  
staff add what they are  
hearing



Putting language  
sample in SOAP note




Scoring under NLA  
framework





# Sample Goals





CLIENT will be able to understand and respond using either a traditional yes/no response or thumbs up/thumbs down system in response to simple declarative statements during conversation 5 times in a session across 3 sessions.

CLIENT will increase spontaneous utterances over prompted expressive responses to 30% of a 50-word language sample.

When involved in well-regulating activities, CLIENT will produce 3 gestalts, as judged by intonation pattern if unintelligible, within a client-led therapy session.

CLIENT will increase variety of communicative intents within spontaneous gestalts produced to include two gestalts per category as measured by the clinicians via gestalt communicative intention inventory (e.g. shared joy, requests, transitions) across 3 sessions.







# Communication Partner Training




Henry is in a classroom and has access to TD Snap and verbal speech in the GLP style. His mom has been instrumental in providing education to the classroom teacher on what to listen for with Henry's scripts and what they mean. She also personalizes select phrases on his AAC device (example, quotes from Pete the Cat)

"My son is speaking to people using phrases that a teacher or family member doesn't have to know what movie or tv show it came from to know what my son is saying."





# Challenges of providing services to older GLPs



- Previous therapy approaches
  - Ability to move through NLA stages--Stuck stage 1 vs stage 3
  - Variability from day to day in terms of attention, engagement and self-regulation--school, home, scheduling (after school fatigue)
  - Life experience of the client
  - Prompted communication vs spontaneous communication
  - Co-occurring conditions
    - Anxiety, Persistent Drive for Autonomy (PDA), OCD, sensory preferences
- 



# Communication Across the Lifespan

Always considering what is the communicative intent beyond requesting basic wants and needs.

Keeping in mind the types of communication that will help our clients be successful in all areas of their lives, from academics to leisure, from social to vocational work, to provide the best quality of life possible.







# The Guilt of the SLP

- What am I even doing?
- Is this a skilled service?
- Building trust/connection, providing space to listen and learn from the perspective of our clients
- Educating parents on a new style of therapy





# Questions and Insights



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# Thanks!

**Do you have any questions?**

youremail@freepik.com

+34 654 321 432

yourwebsite.com



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