Group Therapy

Group therapy in Speech Pathology: When is it appropriate and why does it work?

Speech-language pathologists (SLPs) treat children with disorders of speech sound production, language understanding or expression, voice, feeding and swallowing. Treatment is most commonly provided through individual therapy. However, research shows that in certain situations, group therapy for communication disorders and feeding disorders is actually more effective in achieving progress than individual therapy!* Group therapy is also more cost-effective than individual therapy because it is billed at a lower hourly rate. Individual therapy is usually best for helping the child develop new skills. However, generalization of newly learned skills to different situations and environments can be challenging to achieve with individual therapy alone. Group therapy can help the child to transfer newly developed skills to more natural situations. Group therapy is also best when working on social language skills, which is a significant deficit for children on the autism spectrum. In some cases, group therapy is preferred to individual therapy as an initial step to treatment.

Group Therapy for Communication Disorders

Group therapy facilitates the generalization of newly developed communication skills. This is because group therapy provides a more natural communication situation with more demands than a structured individual therapy session. In group therapy, the child is able to practice new skills through informal interaction with other members of the group, but with the constant guidance of the SLP. Group therapy can also increase the child’s motivation to interact and communicate effectively with others.

The following case reports illustrate the appropriate use of group therapy for communication disorders:

Case #1:

Jenny was first seen at the age of 3 with unintelligible speech due to a speech sound (articulation) disorder. As a result of individual therapy, Jenny was able to produce all speech sounds correctly within simple sentences. However, she had difficulty producing sounds correctly in an unstructured conversation. Therefore, she was enrolled in group therapy to help her to learn to produce these sounds, while also concentrating on the message in her conversation with other children. Her speech was monitored by the SLP and corrected as necessary. She was discharged from therapy once it was clear that she could successfully transfer the skills that she learned in individual therapy to everyday conversational speech.

Case #2:

Lee was diagnosed at the age of two and a half with a severe expressive language disorder. As a result of individual language therapy, Lee learned to put sentences together and carry on a conversation with occasional cues from an adult. Lee was placed in group therapy where he was able to practice various language structures, such as asking and answering questions,
with the guidance of his SLP. After a few sessions, he required fewer cueing and became more independent in participating in a real conversation. The group therapy helped Lee to generalize skills taught in individual therapy into a more natural setting.

**Case #3:**

Aaron was diagnosed with Asperger’s Syndrome at the age of 10. Although he was speaking in complete sentences and his speech was clear, he had difficulty communicating due to poor conversational skills and the inability to understand social cues. Group therapy was effective in helping him to use language that is appropriate to the situation, maintain a topic, help the listener to know when he is changing the topic and learn how to enter an existing conversation. He is now more confident in his ability to interact with other children and adults. He acquired new skills that he will use for the rest of his life.

**Group Therapy for Feeding and Swallowing Disorders**

For children with feeding and/or swallowing difficulties, group therapy can increase motivation to try new foods as other children are doing the same. Also, children learn that eating is most pleasurable when done with others, and this further increases their desire to be able to eat with their families.

The following case report illustrates the appropriate use of group therapy for a feeding and swallowing disorder:

**Case #4:**

Julie was born prematurely and could not suck or swallow. Therefore, a gastrostomy tube (G-tube) was used to feed her during her first two years. When she was referred for feeding therapy at the age of 2, she had had no experience with sucking, chewing or swallowing food. She was very resistant to even small tastes and refused to allow even small amounts of food in her mouth. Julie was initially treated in individual therapy where she learned to suck, chew and swallow small bites of foods. However, she was not accepting of food outside of the therapy situation. Therefore, Julie was placed in group therapy with children her own age. Once she saw other children put new foods into their mouths, she was more willing to do the same. This allowed Julie’s SLP to continue to advance Julie’s feeding and swallowing skills in this group setting. The group therapy experience also helped Julie to learn the social aspect of eating. Before long, she was eating meals with her family at home.

At Cincinnati Children’s, our goal is to provide each child with the most effective mode of treatment (individual therapy or group therapy) so that maximum progress can be achieved in the shortest amount of time. The mode of treatment is individually determined for each child at each stage in the treatment process. This way, we ensure that each child has the best chance of developing normal and functional communication and/or feeding skills.

* References are available upon request. Please email us at speech@cchmc.org.