

THE ROLE OF THE SPEECH PATHOLOGIST

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Speech Pathologists are involved in helping improve people's communication across the lifespan. However, this article will focus specifically on the role of the speech pathologist in the preschool and school years. Speech Pathologists work with people who have problems with communication. They may have difficulties in one or more of these areas:

- understanding what they hear/read (receptive language)
 - expressing themselves both orally and in written work (expressive language)
 - speaking clearly and fluently (articulation and stuttering)
 - using communication to socialise appropriately (pragmatics)
 - reading and spelling (literacy)
- Trouble matching a letter with its correct sound
 - Difficulty putting letters together to spell words and/or sounding out words
 - An inability to memorise songs or nursery rhyme lyrics
 - Difficulty comprehending what is read or remembering new vocabulary
 - General inefficiency in communication whether it be verbal or written³.

The ability to communicate effectively is crucial for intellectual, educational, social and emotional development. Communication is involved in every aspect of school functioning, for example; following classroom instructions, understanding teacher explanations, interpreting exam questions, asking to go to the toilet, socialising at recess, explaining a social problem, defending one's actions and so forth. A study of NSW school children found that 13% of students had an identified communication disorder.¹

Oral language is a key component in communication. Solid oral language skills are fundamental for children being able to learn at school. Further, studies have shown that up to 75% of children with early language delays have reading problems when they are 8 years old². Because oral language (comprehension and expression) is critical for learning it is important to identify children who are at risk for speech, language, and literacy difficulties as early as possible.

Children with persisting oral language problems will inevitably also have problems with written language. Some common signs of language based learning disabilities include:

- An inability to learn the alphabet

¹ McLeod, S & McKinnon, D. (2007) Prevalence of communication disorders compared with other learning needs in 14500 primary and secondary schools students. *International Journal of Communication Disorders* Vol 42, S1, 37-59

² Law, J., Boyle, J., Harris, F., Harkness, A., & Nye, C. (1998). Screening for speech and language delay: a systematic review of the literature (Vol. 2). www.hta.nhs.uk/fullmono/mon209.pdf

Whilst each Speech Pathology clinic is different, most Speech Pathologists follow a similar procedure from referral through assessment and onto therapy. Referrals can be made by anybody concerned about the child. At the initial appointment the Speech Pathologist takes a detailed background history and listens to the parents' concerns. If there are reports from other professionals these are taken into consideration as part of the assessment process. The child is assessed using a range of testing tools. Following this a comprehensive report with goals for therapy and treatment options is usually provided and discussed with the parents.

Toddlers (18months-3yrs)

Some children are slow to develop language. These children might present with no spoken words or a very limited number of words. As a rule, a two year old should be beginning to combine two words together in small sentences eg, 'mummy up' or 'big ball'. At this age the Speech Pathologist assesses pre-verbal/cognitive skills, play skills and the child's current communication methods.

Therapy is usually in the form of parent training sessions or play groups. Parents are taught strategies that will maximise their child's language learning opportunities. Strategies may include getting down on their child's level, cutting down sentences, modelling and repeating new words.

Preschoolers (3-5 years)

Speech pathologists are able to identify children who are at risk of literacy impairments before they start formal education through the assessment of oral language expression, comprehension and processing

³ "What are Speech and Language Therapists?: Child Health Services" <http://www.scotland.gov.uk/Publications/2005/09/06112225/22258>

skills. This means that potential difficulties with literacy can begin to be addressed prior to school and so help prevent learning failure.⁴

Signs of difficulties in preschool children may include any of the following:

Language:

- not talking enough (only using short simple sentences)
- reliance on gesture instead of words
- small vocabulary
- trouble finding the right word eg, says 'car' for 'truck'
- making grammatical errors eg, 'mouses'
- not following instructions or trouble following two part instructions eg, 'put the ball on the chair'
- not understanding simple stories
- not using communication to socialise with other children

Speech/Articulation:

- unclear speech (as a general rule, once a child turns 3yrs of age people outside of the family should be able to understand him with ease).
- Stuttering

Phonemic awareness:

- Phonemic awareness is an understanding that words are made up of smaller units such as syllables and sounds. Phonemic awareness is a precursor skill for literacy development. When children are in their final year before school they should be able to clap syllables and identify rhyming words

What actually occurs at speech therapy sessions will depend on a number of variables, including whether the session is 1:1 or involves a group, the age of the child and most importantly, the area of difficulty. For example, individuals with early sound awareness difficulties might engage in tapping, clapping or rhyming activities. Individuals who have difficulties with comprehension might work on improving their vocabulary and understanding sentences and stories. There isn't one set programme to address the needs of all children. It is the role of the Speech Pathologist to work out exactly what level the child is at, what is best to target in therapy and how best to target that area.

⁴ <http://www.speechpathologyaustralia.org.au/library/literacy%20Release.pdf>

Primary School Children (ages 5 - 11 years)

In the school aged population Speech Pathologists work closely with teachers and academic staff to maximise the learning potential of their students. Children who may not have had obvious difficulties with speech or language in the preschool years may be identified as having communication difficulties as they are faced with the increasing language demands of the classroom and the tasks of learning to read and write. Primary School aged children with language learning difficulties might present with any of the following problems:

Language:

- Difficulty constructing complex sentences (using words such as *after*, *while*, *unless*, *however*, *otherwise* and *although* to join ideas within a sentence)
- Difficulty using more advanced vocabulary and may over use words like 'thing' and 'stuff'
- Difficulty giving clear, well-sequenced instructions
- Difficulty following instructions of 3 or more parts eg, 'take out your spelling books, open to page 27 and use a black pen'
- Difficulty understanding school work and instructions
- Difficulty completing work independently
- Difficulty retelling events in chronological order eg, telling what they did on the weekend.
- Difficulty writing longer texts (poor content, poor structure, immature vocabulary, poor sentence structure, limited paragraphing, poor understanding of text purpose, limited ability to change language style according to purpose)
- Problems fully understanding stories read to them (for example, difficulties identifying the main idea, remembering details, understanding characters' thoughts and feelings, and predicting further events)

Phonemic Awareness, Reading and Spelling:

- Difficulty with early literacy skills such as identifying the first and last sounds in words, breaking words into syllables and sounds, and recognising rhyming words.
- Difficulty distinguishing between similar-sounding words (for example, 'all' and 'or')
- Difficulty saying long words (for example, says 'ikstrology' for 'astrology')

- Difficulty 'sounding out' words when spelling and reading
- Spells words backwards e.g., 'was' -> 'saw'
- Reluctant reader who has difficulty reading grade-level texts fluently and accurately
- Poor reading comprehension (understanding what has been read)
- Reluctant to read or write

The primary school aged child with a communication impairment may be reluctant to participate in group discussions, avoid answering questions, have trouble expressing opinions, may have few friends or be teased by other children. Understandably this child may dislike school, refuse to cooperate or say school is 'boring'. Parents often report that completing homework is a struggle.

High School Students (ages 12 – 18 years)

Some high school children may have very apparent language disorders which have been identified earlier in their schooling. Other children may struggle in more subtle ways to cope with the increasingly sophisticated language use expected of them as they mature. Either way, learning difficulties will be identified. The high school student with language problems may show the following difficulties:

- Poor comprehension of exam questions
- Difficulty interpreting what is read
- Immature vocabulary and problems learning new words
- Poor written language so difficulty formulating essays and projects
- Weak skills in English such as interpreting poetry and novels
- Poor comprehension of Science and Maths concepts
- Difficulty socially; making and keeping friends, solving playground problems, identifying fiction from fact. Poor interpretation of humour and sarcasm.

Therapy for the primary and high school aged child will vary depending on a number of factors such as the child's presenting problem, age, attention levels and the services available.

If students present with literacy problems then therapy may focus on developing phonological awareness skills such as blending and segmenting, improving letter-sound knowledge for reading and spelling, fine tuning processing of similar sounding sounds e.g., 't/d' and vowel sounds. For older students therapy may include

learning rules of spelling e.g., '/ck/ follows a short vowel'. Understanding morphographs and the associated spelling rules for using prefixes and suffixes may also be a focus.

For children who are weak with oral and written language, therapy may include teaching the writing process (planning, writing a draft, editing, rewriting), improving their understanding of the purpose of texts and how this purpose influences the structure and language features of each text. Individual oral language goals may be addressed within the framework of each text type. For example, past tense verbs may be taught within recounts.

Comprehension skills can be facilitated through the language work of text types and other strategies such as understanding the rules of a paragraph, and learning to infer or predict from a passage.

Speech Pathologists working with the school aged population will consult with school/education staff to develop individual education programmes for language impaired students. They may also conduct professional development workshops and training for education staff.

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