

Speech-Language Therapy in Mainstream Schools

What is a SPEECH-LANGUAGE THERAPIST?

A Speech-Language Therapist is a professional trained to assess, diagnose and treat speech, language, communication and social skills problems in people of all ages to enable them to communicate to the best of their ability. With regard to children, a Speech-Language Therapist will generally pursue milestones that have been delayed and work to find fun activities to strengthen the child in areas of weakness.

What ROLE does a Speech-Language Therapist play in SCHOOLS?

- Prevent, correct, improve or alleviate speech, language and communication impairments
- Collaboration with teachers, students and other professionals involved to maximize the child's progress
- Provision of culturally appropriate services (always take the child's cultural background into consideration and adapt materials appropriately)
- Screening, assessment, diagnosis and intervention
- Record keeping and reporting: Report on screening and assessment findings and keep a record of each child's progress
- Provide classroom support for children receiving intervention

What type of CASES will a Speech-Language Therapist see in the school environment?

- **Articulation disorder**

This is the inability to correctly produce and use age-appropriate speech sounds.

Example: a child cannot produce the "s" sound and says "thnake" instead of "snake"

- **Developmental Phonological Disorder**

Below the age of 5 years, all children use *phonological processes* to simplify the adult speech model. *Phonological processes* are typical patterns of error used by all children when they try to imitate adults as they are developing speech. For example, a child will say the sound in the front of their mouth that should be made in the back (“cup” is pronounced as “tup” or “beg” is pronounced as “bed”). It becomes a disorder of speech when the child is older than 5 and has not yet outgrown the use of phonological processes. It is different to an articulation disorder because the child is able to produce the error sound in isolation, but produces it incorrectly in word patterns. There are a lot of variations to this disorder:

Examples:

- Stopping: When a child substitutes a stop consonant (e.g. b, p, d, g, k) for a fricative (s, z, f, v, h, j): Says “pat” instead of “pat” or “dob” instead of “job”
- Final consonant deletion: When a child leaves a single consonant or consonant cluster off at the end of a word: Says “da” for “dog” or “boo” for “book”

Developmental phonological disorders can negatively impact a child’s reading, spelling and writing ability.

- **Language Disorder**

This is the impairment in the ability to use language (expressive) or understand language (receptive). It can include the improper use of words and their meanings, an inability to express ideas, inappropriate grammatical patterns, reduced vocabulary and an inability to follow directions. ENGLISH 2nd LANGUAGE LEARNERS often present with language disorders, as they have not grown up speaking the language which is now being used at school.

- **Language Learning Disorder**

This is when a child has difficulty using language to learn, and as a result their educational skills are affected. **READING, SPELLING and PHONOLOGICAL AWARENESS** (awareness of speech sounds) difficulties fall into this category.

- **Auditory Processing Disorder**

This is when the brain has difficulty making sense of what the ears hear. Children with auditory processing disorders may have difficulty in the following areas:

- Auditory Attention- difficulty focusing on an auditory signal, such as the teacher speaking in class
- Auditory Memory- difficulty remembering information presented to them auditorily
- Auditory Discrimination- difficulty hearing differences between sounds

Example: A child with Auditory Processing Disorder often has difficulty following verbal instructions in class. They may perform much better in written tests than they do in tests involving listening, such as spelling tests or reading comprehension tests. These children often become very disruptive during class due to their inability to focus on what is going on. Auditory Processing Disorder has a negative impact on the child's listening, reading, writing and spelling abilities.

- **Voice disorder**

Example: Inappropriate pitch, loudness or harsh voice

- **Fluency disorder**

A fluency disorder is the disruption in the flow or speed of speech production. There are 2 types of fluency disorders:

- STUTTERING: A speech disorder characterized by repetitions, pauses, interjections or drawn out syllables, words and phrases.
Example: Instead of saying "I would like some water" the child says "I wou..wou..wou...would *uhm uhm uhm uhm uhm* like s.s.s.s.s.some wa...wa...wa...water."
- CLUTTERING: A speech disorder characterized by a rate of speech that is abnormally fast and irregular. Symptoms include an excessive number of disfluencies during fast speech and the coarticulation (joining) of sounds. A child who clutters comes across as having jumbled, fast speech that is difficult to understand.

- **High functioning Autism Spectrum Disorder**

Autism Spectrum Disorder is a developmental social-communication disorder that affects a child's language, social and behavioural development. The severity of the disorder varies in each child, and a child can range from being low-functioning to high-functioning. Children with low-functioning Autism will not be found in mainstream schools as they usually have no functional language and severe social and behavioural difficulties. Children with high-functioning Autism often land up in mainstream schools undiagnosed, as they present with an unusual set of symptoms. These can include

- Abnormal eye-contact, facial expressions and body posture
- Repetitions of phrases that they have heard previously (for example, in a movie)
- Delay in learning to talk
- Problems taking the steps to start a conversation or continuing a conversation after it has begun.
- Lack of empathy (difficulty understanding another person's feelings, such as pain or sorrow)
- Failure to establish friendships with children the same age
- Lack of interest in sharing enjoyment, interests, or achievements with other people.
- Stereotyped behaviours such as body rocking and hand flapping.
- The need for sameness and routine.
- Preoccupation with certain topics.
- Non-functional play – such as spinning the wheels on a car rather than playing with the whole toy.

- **Asperger's Syndrome**

The majority of children with Asperger's Syndrome attend mainstream schools and often slip through the cracks, as these children do not have the language difficulties of those children with Autism, and often have above average intelligence. It is a disorder very similar to Autism Spectrum Disorder and is mainly characterized by an inability to understand how to interact socially. Typical symptoms include:

- Appear to be in their own world and preoccupied with their own agenda.
- Appear awkward in social situations.
- Excellent memory.
- Have a need for routine.
- Uncoordinated: often seem clumsy.
- Difficulty making friends with children the same age. They will tend to get along better with older children and adults.
- Intense interest and preoccupation in one or two subjects. They will fixate on the topic that they are interested in and talk about it at length.
- Few facial expressions and difficulty with eye contact and body language.
- Interpret things literally- For example, if the teacher says, “don’t paint the town red this weekend”, the child will literally think they must not take a paintbrush and paint all the buildings in the town red.
- Well-developed language skills. Children with Asperger’s Syndrome are often called “little professors”, because their language is developed well beyond their age and they are often knowledgeable in certain subjects, commonly trains, insects, animals, numbers and space.
- Reading abilities well above their age level.
- Unusual way of speaking – speech appears formal, monotone or unusual pitch or loudness

It is important to identify these children as they can significantly benefit from social skills intervention which can impact their whole life.

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