

The Clinician's Turn: Speech Pathology

"A Joint Services Project"

In the October/November *Hear Here*, *The Clinician's Turn: Speech Pathology*, comments were invited on ways in which speech/language pathology services in health-care agencies are deployed. A response received from Saskatchewan, describes a cooperative effort of two speech/language pathologists, which promises to satisfy a number of needs experienced in two different population groupings, rural and urban.

Future comments are encouraged. Questions about specific issues should be addressed to the authors. Comments on this or previous topics, or suggestions for future topics should be sent to the coordinator:

Angela M. Murphy
34 Weir Crescent
Saskatoon, Saskatchewan
S7H 3A9

From: Pam Borchert, B.Sc.
Speech Pathologist
MacNeill Clinic
Saskatoon, Sask.

and: Freda Toffolo-Frost, M.Sc.
Rosetown Health Region Office
Rosetown, Sask., SOL 2V0

The joint services project is unique to the Province of Saskatchewan in that the two Speech and Language Pathologists represented two different Branches within the Department of Health, namely, Community Health Services and Psychiatric Services.

The Community Health Services Branch Speech and Language Pathologist is based in Rosetown and serves the entire region. This Health Region (No. 7) is in a rural area which has farming as its main industry, has a population of 41,000 and covers an area of approximately 14,400 sq. miles. The objective of the Community Health Services Branch is to promote and protect the health and well-being of individuals and families in the community. The Rosetown Health Region staff includes Public Health Nurses, Public Health Inspectors, Nutritionist, Speech and Language Pathologist and an Early Childhood Psychologist.

The Psychiatric Services Branch

Speech and Language Pathologist is based in MacNeill Clinic, Saskatoon. MacNeill Clinic is an agency which offers professional services for the evaluation and treatment of a wide range of behavioural, emotional, interpersonal, speech and/or language and learning problems. Services are available for children from birth to 18 years and their families. The Saskatoon Mental Health Region includes an extensive rural area as well as the City of Saskatoon itself. There is some overlap between the Mental Health Region and adjoining Community Health Regions.

The Speech and Language Pathologist in each of these regions is responsible for planning, organizing and implementing speech and/or language remediation programs for all age groups with a specific emphasis on preschool and school aged children. They also provide preventative programs in the form of public awareness of communicative processes and disorders, encouraging early detection and intervention of communication difficulties.

As the sole therapist in each of the above clinics, we identified a number of needs which are undoubtedly familiar to all Speech and Language Pathologists responsible for large rural areas.

First and foremost, because rural

Speech and Language Pathologists have a large caseload which is spread over a wide area, time and distance factors inhibit establishment of intensive treatment programs.

Secondly, the isolation of the rural setting does not usually allow for joint diagnostic and therapy sessions. Therefore, there is little opportunity for feedback and exchange of ideas. It was felt that this interaction between therapists would be challenging and stimulating and would facilitate professional growth and development.

Many therapists view the summer months as being an ideal time of the year to try alternative methods of clinical programming. It was therefore decided that a Joint Services Project would be set up during the summer of 1982.

This project took the form of a two week daily intensive articulation group therapy program. The Group was held at MacNeill Clinic in Saskatoon. The Speech and Language Pathologist from the Rosetown Health Region was based in Saskatoon for that period. In order to prevent any loss of direct service to other clients in the Rosetown Health Region during this time, a time-for-time arrangement was made, that is, the Speech and Language Pathologist from MacNeill Clinic, Saskatoon, agreed to spend an equivalent of two weeks working with the Speech and Language Pathologist in Rosetown in the fall and winter of 1982.

SUMMER ARTICULATION GROUP

The Summer Articulation Group was held four times a week for two weeks. Six children (4 and 5 years of age) attended the morning sessions and six children (6, 7 and 8 years of age) attended in the afternoons. All children had received some form of intervention from a Speech and Language Pathologist prior to the Group. Four of the children were from the Rosetown Health Region and the remainder

were from the caseload of the Speech and Language Pathologist at MacNeill Clinic.

The focus of the group was on improving articulation skills and facilitating carry over of learned skills. It is generally agreed that carry over of learned skills into every day conversational speech is an important aspect of articulation therapy but is often difficult to achieve in a one to one clinical setting. Reinforcement of learned skills must be incorporated into all daily activities not just during therapy sessions. It was our intent to illustrate this by encouraging correct speech production during all group (learning and play) activities.

Activities included: "speech" learning time, listening activities, songs and finger plays, story time, crafts, snack time and community outings. A different phoneme was covered each day: /f/, /k/, /g/, /s/, /sh/, /ch/, /l/ and /th/. All daily activities revolved around the "Sound of the Day". A scrapbook, outlining daily events and activities, was sent home each day and home practice and review was encouraged.

OUTCOME OF PROGRAM

Attendance was excellent throughout the Group. All children showed improvement in one or more of the following areas: social skills (sharing, taking turns, awareness of each other's needs); carry over of learned skills; attention span and general listening skills. Pre and post testing was carried out in a number of ways, namely, formal articulation tests, parent report and informal analysis of articulation during conversational speech. Results revealed considerable improvement in articulation and overall speech intelligibility. Also, the children were more aware of their speech and, because of group dynamics and competition, they were highly motivated to improve their articulation.

PARENT REPORT

Parent observation was encouraged

and several parents took advantage of this opportunity. The following report is compiled from the results of the written and verbal evaluations obtained from the parents.

1. Parents appreciated the opportunity to observe the Group (several of the parents observed daily) and found this time to be very helpful. From this, they felt that they learned:

- a) techniques for correcting their child's speech e.g. modelling and imitation
- b) how to incorporate articulation practice into everyday activities
- c) how to reinforce good speech habits at home
- d) specific games, songs and fingerplays to assist in home practice.

2. Written materials, supplied before and during the Group, were found to be useful and instructive.

3. They noted some positive changes in their child's social behaviour e.g. more outgoing, less self conscious about their speech, conversed more freely.

4. They were pleased with their children's responsiveness during "Speech Learning Times" and several indicated that their child's overall speech intelligibility had improved.

5. Several mentioned that they were pleased with the ratio of therapist to child which allowed for more intensive and sometimes individual as well as group instruction (two therapists/six children).

6. Parents appreciated the support and exchange of ideas from other parents.

7. All parents expressed their hope that their child would have the opportunity to participate in

a similar group in the near future.

This project made it possible for twelve children, from a variety of urban and rural areas, to come together for intensive group articulation therapy. As well as providing an efficient and adaptable treatment program for children, the Group was an effective tool for educating parents regarding effective ways of stimulating and improving their child's articulation.

Planning, organizing and running an intensive group therapy program together also served to meet some of the needs of the therapists, as described earlier in this article. It provided many opportunities for immediate feedback, support and exchange of ideas and thereby helped to temporarily alleviate the feelings of isolation.

Since this project was successful, we decided to embark on another Joint Services Project. We are presently working together to produce a 30 minute teaching tape on speech and language development and disorders.

The focus of the tape is on normal development of speech and language in young children and also gives an overview of several specific communication disorders. The content of the tape will be directed at both professional and informed lay audiences, including, medical students, Public Health Nurses, dentists, teachers, preschool and day care staff, parent groups and teachers of early intervention programs.

It is hoped that this tape, entitled "The Speech and Language Connection", will make the viewing audience aware of the importance of speech and language to the overall development of a child and the need for early referral and intervention.

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