The Clinician's Turn: Speech Pathology

THE ROLE OF THE SPEECH/LANGUAGE PATHOLOGIST WITH THE HEARING IMPAIRED

Our three contributors work with different segments of the hearing impaired population: Lynn Brewster's program helps the parents face and accept the problem and initiate appropriate strategies for the young child; Lucia Harold's program concentrates on specific skills and getting the child communicating in a natural manner in the pre-school setting; Peter Owsley, working with a school age population in a school for the deaf has a unique position -- not only is he a speech pathologist and audiologist but a teacher of the deaf as well. All share the common goal of providing a service which will help the hearing impaired child function effectively in a hearing world.

Questions about specific issues should be addressed to the authors. Comments on this or previous articles, and suggestions for future articles should be sent to the co-ordinator:

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THE EARLY STAGES OF THE HABILITATIVE PROCESS FOR HEARING IMPAIRED CHILDREN AND THEIR FAMILIES

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Providing services for the young hearing impaired child and their family involves many factors. At the time of diagnosis we, as professionals, are faced with a great deal of information we wish the child's parents to absorb very quickly so that we can get on with the habilitative process. We want parents to understand the nature and extent of the hearing loss, the importance of amplification, the implications for speech and language development, and the various communication methodologies available to the family. The family on the other hand is experiencing the shock of having their fears confirmed and their expectations for the child shattered. It is essential that we be sensitive and supportive to these parents and consider very carefully the early stages of the habilitation process. I would like to describe some of the approaches we use with parents during this time.

We prefer to see parents, if possible, before the hearing aid is fitted. We feel that intervention should begin as soon as possible. It is often difficult for parents to understand that hearing is not an all or nothing thing and their involvement in the diagnostic process helps them reach this realization. This is the first step towards their becoming actively involved in the habilitative process. Discussions about the degree and nature of the hearing loss continue for years in the context of what the child is accomplishing and the problems she is experiencing.

Parents faced with a hearing aid for the first time are often convinced

that there is no way they will be able to get the child to wear it. We recommend to these parents that they begin by having the child wear the hearing aid for two 15 minute periods a day. An attempt should be made to engage the child in an activity she likes and if possible both parents should be present during this time. It is very easy to exclude fathers. If one parent is excluded at this stage a pattern can be set and the exclusion continues. We have found that most parents can accomplish this objective in about a week and they are then anxious to continue to increase the amount of time the child wears the hearing aid. Establishment of hearing aid use usually takes three to four months.

Once the child has been fitted with the hearing aid and she is wearing it at least 20% of the time, we begin working on auditory awareness. This includes both environmental sounds and voice. The objective is to get the parents to expose the child to sounds in her environment and assist the child to discover the meaning associated with these sounds. Once parents have seen their child react to sound they begin to feel they have really accomplished something and that feeling of success carries them on.

We attempt to employ a natural language approach with parents. The focus is on parents augmenting the interactive processes they have already developed with their child. It is not on establishing a whole new repertoire of skills. The importance of language input is stressed with an opportunity provided for the child to engage in the process. As parents gradually work through their grief and develop, they begin to take more time to enjoy their child which significantly helps the interactive process.

October 4, 1984

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THE ROLE OF THE SPEECH PATHOLOGIST WITH THE HEARING IMPAIRED

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It cannot be disputed that intensive speech and language training is necessary to help hearing impaired children (especially those with severe and profound losses) develop adequate oral communication skills. An individualized speech and language program, developed by a trained speech-language pathologist can provide this necessary stimulation.

The speech-language pathologist working in the Regina Pre-school for Hearing Impaired offers each child an individualized program based on an assessment of his/her abilities. The goal of the program is for each child to develop effective receptive and verbal expressive language. The program has basically three aspects:

(1) on-going individual therapy based on a speech-language assessment and an audiological assessment (performed by audiologists at the Saskatchewan Hearing Aid Plan).

(2) re-inforcement and co-ordination of language skills taught by the classroom teachers.

(3) co-operation and close contact with parents for home carry-over.

The children are seen daily on an individual basis in sessions which last approximately 15 minutes. Each session works on aspects of listening, speech, and language behavior.

Since our program stresses oral communication, great emphasis is placed on the child wearing consistent and proper amplification. Hearing aids are checked at the beginning of each session to ensure they are working properly. To develop residual hearing to the maximum, "auditory training" is an integral part of each lesson. This auditory training is not done in isolation, but is related to the child's current speech

and language activity. We do not involve the child in discriminating noise-makers, but rather identifying and discriminating information useful to speech production. The child may start with something as simple as responding to his name, progress to distinguishing dissimilar words (e.g. shoe, sock, pants) and then go on to distinguishing between syllables such as paw - faw or even paw - baw.

Speech training is based on Ling's developmental patterns. Each child is given a Phonetic Level Speech Evaluation. The evaluation may include only the non-segmental and a few of the vowels before several teaching goals have been established. Therapy is then initiated to work toward these goals.

In the Pre-school, much time is given to developing the supra-segmental aspects which include spontaneous vocalization, breath control, duration, pitch and intensity. Activities are done in a play atmosphere with toys, puppets, lightbulb dolls, etc. as stimulators. We ask the child for imitation first and then work toward spontaneous production. Once the children can repeat syllables easily, they are then introduced into meaningful words and then phrases and sentences.

Each child is programmed individually and records are kept of his/her progress. As much as possible (depending upon the child's auditory behavior) we try for a natural language approach. However, it is in the individual speech sessions that a more structured teaching situation can be used to focus on specific language patterns. The language training is also developmental going from single words to two or three word combinations. It includes exposure to nouns, verbs, prepositions, pronouns, negatives, questions, etc.

The speech pathologist works closely with the classroom teachers, so that skills learned in individual sessions can be reinforced in the classroom. Also, if the teacher finds a deficit in a particular area, more specific help can be given in the individual sessions.

Parents of our young hearing impaired children are involved as much as possible. They are asked to come to the school and observe the program, and especially the therapist working with their child. They are also encouraged to reinforce speech and language skills at home. Speech activity books are sent home weekly, and communication books daily to form a bridge between home and school. Phone contact is also made, but is not as effective as personal encounters.

From years of experience, we feel that the speech language pathologist has an effective and important role to play in developing intelligible oral communication with hearing impaired children.

The same general principles would apply in working with school-aged hearing impaired children, with more emphasis placed on reinforcing classroom skills in the language area, and more time spent in individual therapy sessions.

March 20, 1984

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THE ROLE OF THE SPEECH PATHOLOGIST WITH THE HEARING IMPAIRED

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Over the past decade there has been increased concern in Canada from professional persons in the field of speech pathology in regard to who should be responsible for the teaching of speech in the school for the deaf. Historically, the teaching of speech in schools of the deaf has been the responsibility of teachers

of the deaf. The first teachers of speech in Canada were teachers of the deaf. And the first person to teach speech to deaf in North America was Jonathan Whipple in Ledyard, Connecticut. The first formal teaching of speech, in schools, began in 1867 at the Clarke School for the Deaf and in 1869 at the Mystic Oral School.

The field of speech pathology grew out of work in speech carried on by educators for the deaf in the nineteenth century. It was not until World War I that the field of speech pathology began to develop as we know it today.

Teachers of the deaf have historically, and still are today, prepared to deal with the speech problems of deaf children. Their course work and practicum are geared to the development and correction of the speech of the hearing-impaired child, specifically.

The speech correctionist or pathologist receives a broad preparation in terms of speech problems including articulation, voice disorders, stuttering, cleft palate, cerebral palsy, etc. In many teacher preparation programs, the case load of deaf children available for clinical practice is extremely limited and many speech pathologists never have an opportunity to work with a deaf child.

The question arises as to who is best prepared by training and experience to develop and correct the speech of the deaf child. Should it be done by specialists --- a teacher of the deaf, or a generalist --- a speech pathologist?

Ideally, schools for the deaf should have a speech consultant who is a teacher of the deaf in each department of the school. Unfortunately, budgetary restrictions in the past decade have not made this possible in schools for the deaf. The Atlantic Provinces Resource Centre for the Hearing Handicapped is strongly committed to having a teacher of the deaf in each department to provide the individual speech help that all deaf children need, unfortunately finances are not available to make this possible. We do, however, have a full-time speech and language specialist who is a qualified teacher of the deaf as well as a qualified speech pathologist. The Centre is also committed to the integration of speech and language and the development of communication skills in hearing-impaired children. This can most effectively be done in a school setting with a classroom teacher of the deaf and a speech consultant working cooperatively.

Teachers of the deaf do not claim competence in the broad field of speech pathology such as voice disorders, stuttering, cleft palate, etc. They do, however, claim competence in the field for which they have prepared, the teaching of speech to deaf children either on an individual or class basis, or both.

September 14, 1984

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